2002 UNIFORM BUSI		RT (UBR)	FILI Feb 11, 200)2 8:00 an	1
DOCUMENT # P9900021542				Secretary of State		
UNLIMITED ELECTRICAL CONTRACT	ORS CORP.			02-11-2002 90175	040 ***150.00	
Principal Place of Business	Mailing Address					1
1717 SW 1ST WAY #37	#37					
DEERFIELD BEACH FL 33441	DEERFIELD BEACH FL 3	3441				
2. Principal Place of Business	3. Mailing Address	1stuby=#	21	T TROUTRUL IN TRUTH TRUE BUILT DUTT ARTS BU	TA TLAN FORMER AND AND AND AND AND	, 1 ,
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPACE	
Deer Sield Beh, Fl.	Deercfield	Sch, Fl	. 4. 1	FEI Number 65-0904306	Applied For Not Applicable	•
33441 USA	33441	US A	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current R	egistered Agent	Name	7. 1	Name and Address of New Registered	d Agent	
LUTWAK, SCOTT H		Street Ad	dress (P.O. E	Box Number is Not Acceptable)		-
1191 E NEWPORT CENTER DR SUITE 208						-
DEERFIELD BEACH FL 33442		City		F	L Zip Code	- ¹
8. The above named entity submits this statement for	the purpose of changing its	registered office or r	egistered ag	gent, or both, in the State of Florida.		
SIGNATURES	tile if eacheable (NOT	E: Registered Agent signature	a required when a	einstating) DATE		
 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 	III FEE IS \$150.00 02 Fee will be \$55 ble to Department	0	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11. OFFICERS AND D		12.	AD	DDITIONS/CHANGES TO OFFICERS AN		
TITLE D NAME PAGEREY, MITCHELL ROGER 'STREET ADDRESS 3855 NE 22ND WAY CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	🗔 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Preside N Progeries 6450 SE	Mitchell Roger 744 Street 11d Bch, F1, 33441	🔀 Change 🗌 Addition	CR2E034 (9/01)
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	Delete	TITLE	berti	110 DCh, FL, 33191	Change Addition	- E
NAME STREET ADDRESS CITY - ST - ZIP		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	Delete	TITLE			Change Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	Delete	TITLE NAME			Change Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	Delete				Change Addition	
STREET ADDRESS	يىيە ۋېرىمەرىيىغ كىمە ^{مىرى} رىغ مە ^{ر.}	STREET ADDRESS	~			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Change 🔄 Addition	
 13. I hereby certify that the information supplied with 1 indicated on this report or supplemental report is of the corporation or the receiver or trustee emporechanged, or on an attachment with an address of the corporation or the receiver of the second second	his filing does not qualify for rue and accurate and that vereful execute this report that other like empowered		ed in Section ve the same oter 607, Flor	119.07(3)(i), Florida Statutes. I further c legal effect as if made under oath; that ida Statutes; and that my name appear	ertify that the information I am an officer or director s in Block 11 or Block 12 if	
	UTED NAME OF SIGNING OFFICER			1/18/02 (954) Date)484-8250 Daytime Phone #	