## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P9900023406 PRIMESOURCE WIRE & CABLE, INC. 01-25-2001 90097 039 \*\*\*150.00 Principal Place of Business Mailing Address 2350 CRYSTAL ROAD 2350 CRYSTAL ROAD FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0901828 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRAWFORD, J. STEPHEN Street Address (P.O. Box Number is Not Acceptable) 5117 CASTELLO DRIVE SUITE 2 NAPLES FL 34108 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D. P. S. T Change Addition TITLE ☐ Delete TITLE CORRION, ROBERT R CORRION, ROBERT R NAME NAME 4975 BONITA BEACH ROAD, #207 4975 BONITA BEACH ROAD, #207 STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME HERNANDEZ, RAUL NAME STREET ADDRESS 190 ERIE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Delete Change ☐ Addition TITLE TITI F NAME CORRION, RHEA B STREET ADDRESS 4975 BONITA BEACH RD #207 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE WILSON, LARRY NAME NAME 1342 COLONIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CITY-ST-ZIP

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