2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity

JENSEN BEACH FL 34957

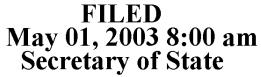


A MARY WATT ELECTRIC, INC.		
Principal Place of Business 550 NE TOWN TERR	Mailing Address 550 NE TOWN TERR	

P99000060556

550 NE TOWN TERR JENSEN BEACH FL 34957

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number



05-01-2003 90781 009 ***150.00

DUUGAAAA



☐ CHECK HERE IF MAKING CHANGES

65-0931744 Not Applicable Zip Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HUNTER, KELLY B 550 NE TOWN TER JENSEN BEACH FL 34957

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

TITLE

NAME STREET ADDRESS

TITLE

TITLE

NAME

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Addition TITLE HUNTER, KELLY NAME NAME 550 NE TOWN TER STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition HUNTER, MARY A NAME

550 NE TOWN TER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jensen Beach FL 34957 CITY-ST-ZIP TITLE TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete TITLE STREET ADDRESS CITY-ST-ZIP

□ Delete TITLE NAME STREET ADDRESS

☐ Change ☐ Addition

Change

☐ Change

Change

12. 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CR2E034 (10/02)

Addition

Addition

☐ Addition