FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # **P99000086886** ABM ELECTRIC, INC. 04-06-2001 90040 022 ***150.00 Principal Place of Business Mailing Address 8931 JUPITER DR. 8931 JUPITER DR. PENSACOLA FL 32507 PENSACOLA FL 32507 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 59-3601852 Not Applicable Zip Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORTON, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 8931 JUPITER DR. PENSACOLA FL 32507 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change NORTON, WILLIAM A NAME STREET ADDRESS STREET ADDRESS 8931 JUPITER DR. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 TITLE ☐ Delete TITLE NAME HOLDER, MARK A NAME STREET ADDRESS STREET ADDRESS **6015 CHANDELLE CIRCLE** CITY-ST-ZIP: -CITY-ST-ZIP PENSACOLA FL 32507 ---☐ Delete TITLE ☐ Addition NAME HOLDER, ALEX JR. NAME STREET ADDRESS STREET ADDRESS 5191 PALE MOON DR. CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32507 ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

4-5-01

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