2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2001 08:00 AM P99000090888 DOCUMENT # Entity Name **Secretary of State** KELSALL ELECTRIC COMPANY Principal Place of Business Mailing Address 5040 JEAN STREET 5040 JEAN STREET COCOA FL COCOA FL 32927 32927 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 59-3605375 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELSALL BARBARA 5040 JEAN STREET Street Address (P.O. Box Number is Not Acceptable) COCOA FL32927 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. 03/15/2001 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ST TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) MILLWOOD MAME DAWN NAME 5030 PINE STREET STREET ADDRESS STREET ADDRESS COCOA CITY-ST-ZIP FL 32927 CITY-ST-ZIP ☐ Delete \mathbf{v} TITLE X Change ☐ Addition NAME KELSALI FRANK NAME KELSALL FRANK STREET ADDRESS 5040 JEAN STREET STREET ADDRESS 5040 JEAN STREET CITY-ST-ZIP COCOA FL 32927 CITY-ST-ZIP COCOA FL32927 Delete TITLE PD X Change ☐ Addition KELSALL BARBARA NAME KELSALL BARBARA STREET ADDRESS 5040 JEAN STREET STREET ADDRESS 5040 JEAN STREET CITY-ST-ZIP COCOA 32927 CITY-ST-ZIP COCOA FL. 32927 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

03/15/2001

Daytime Phone #

Date

SIGNATURE: __DAWN MILLWOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR