## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 28, 2002 8:00 am Secretary of State P99000104746 DOCUMENT # 1. Entity Name 05-28-2002 91537 017 \*\*\*150.00 CURLEY'S ELECTRIC, INC. Principal Place of Business Mailing Address 10590 66 AVE NORTH 10590 66 AVE NORTH #3 #3 SEMINOLE FL 33772 SEMINOLE FL 33772 US Principal Place of Business 3. Mailing Address 0590 Suite, Apt. #\_etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3609381 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIZARO, NICHOLAS --Street Address (P.O. Box Number is Not Acceptable) 10590 66 AVE NORTH STE 1-B SEMINOLE FL 33772 Zip Code FL 8. The above named entity symmits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE red 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, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition NAME VIZARO, NICHOLAS NAME STREET ADDRESS 11264 73RD AVE N STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33772 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ANA VIZATO NAME VIZARO, DIANA NAME 64 73RD AUEN. STREET ADDRESS 11264 73RD AVE N STREET ADDRESS CITY-ST-7IP **SEMINOLE FL 33772** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME WALLIS, EMMETTE H NAME STREET ADDRESS 10590 66TH AVE W #3 STREET ADDRÉSS CITY-ST-ZIP SEMINOLE FL 33772 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME 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 of 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 w

SIGNATURE:

FILED