

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90130 042 ***150.00

017074 AV

DOCUMENT # S04191

1. Entity Name

BWK ELECTRIC INC.

Principal Place of Business

% JOHN T. ROBERTSON
 1130 PECHTREE ST.
 COCOA FL 32922

Mailing Address

% JOHN T. ROBERTSON
 1130 PECHTREE ST.
 COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

340 Cox Rd. Unit 1

Suite, Apt. #, etc.

340 Cox Rd. Unit 1

City & State

City & State

Zip

32926

Country

Zip

32926

Country

4. FEI Number

59-3041638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTSON, JOHN T
 1130 PEACHTREE
 COCOA FL 32922

Name

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

340 Cox Rd. Unit 1

City

FL

Zip Code

32926

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

John T. Robertson
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MCKINNEY, ROBERT L
 CITY-ST-ZIP 285 NABLE AVE. NW
 PALM BAY FL 32907

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1144 Kenmore St. N.W.
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE

John T. Robertson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02 (321) 639-6201

Date

Daytime Phone #

CR2E034 (9/01)