## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # \$12327** May 16, 2000 8:00 am Secretary of State ELECTRICAL CONSULTING SERVICES, INC. 05-16-2000 90026 013 \*\*\*158.75 Mailing Address Principal Place of Business 172 JUPLAND RD 172 DPLAND RD WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 บร US 2. Principal Place of Business 3. Mailing Address 1720 Upland Road 1720 Upland Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0232153 Not Applicable \$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 KETTNER, KENNETH B Street Address (P.O. Box Number is Not Acceptable) 1720 UPLAND# RD WEST PALM BEACH FL 33409 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE KETTNER, KENNETH B NAME NAME STREET ADDRESS 1720 UPLAND RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PLM BCH FL 33409 X Delete TITLE Change ☐ Addition TITI F KETTNER, DANA NAME NAME STREET ADDRESS 1720 UPLAND RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PLM BCH FL 33409 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.