2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # S32174** Jan 18, 2000 8:00 am Secretary of State 1. Entity Name RUSSELL CARTER ELECTRICAL SERVICE INC. 01-18-2000 90189 030 ***150.00 Principal Place of Business Mailing Address 323 ARROWHEAD LANE 323 ARROWHEAD LANE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951-3533 DELBOUNNE DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3061284 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARTER, RUSSELL F. Street Address (P.O. Box Number is Not Acceptable) 323 ARROWHEAD LANE MELBOURNE BEACH FL 32951 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financino After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE CARTER, RUSSELL F. NAME NAME STREET ADDRESS 323 ARROWHEAD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE HOOK, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 415 5TH AVE CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE BCH FL 32951** ☐ Change ☐ Addition **∠** Delete TITLE CARTER, THERESA NAME NAME STREET ADDRESS STREET ADDRESS 323 ARROWHEAD LANE~ CITY-ST-ZIP MELBOURNE BEACH FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE

CITY-ST-ZIP

CITY-ST-78P

TITLE NAME STREET ADDRESS

Aussell UTE Carton RED

☐ Delete

1/8/00 (33-0) 953-6640 Date Daytime Phone #

☐ Change

Addition