SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # \$52063** May 17, 2000 8:00 am Secretary of State 1. Entity Name BLAKESLEE ELECTRICAL CONTRACTORS, INC. 05-17-2000 90902 007 \*\*\*150.00 Principal Place of Business Mailing Address 4906 ELM STREET 4906 ELM STREET FT PIERCE FL 34982-4135 FT PIERCE FL 34982 US US 2. Principal Place of Business 3. Mailing Address SAME SAME AS 480V丼 AS ABOVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc n Applied For City & State City & State 4. FEI Number 65-0267514 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired ST LUCIE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLAKESLEP BLAKESLEE, FRED JR. 5200 SILVER OAK DRIVE FT. PIERCE FL 34982 Zip Code 3498Z 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 4/27/2001 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS DPVS ☐ Addition Change TITLE ☐ Delete TITLE BLAKESLEE, FRED, JR. NAME NAME 5200 SILVER OAK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT PIERCE FL 34982 □ Change ☐ Addition TITI F TITLE ☐ Delete BLAKESLEE, FRED, JR. NAME NAME **5200 SILVER OAK DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL 34982 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

27-2000