FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2002 8:00 am Secretary of State DOCUMENT # S52063 1. Entity Name BLAKESLEE ELECTRICAL CONTRACTORS, INC. 02-05-2002 90096 024 \*\*\*150.00 Principal Place of Business Mailing Address 4906 ELM STREET 4906 ELM STREET 80017477 FT PIERCE FL 34982 FT PIERCE FL 34982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0267514 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAKESLEE, FRED JR. Street Address (P.O. Box Number is Not Acceptable) 4906 ELM ST FT. PIERCE FL 34982 Zip Code City 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. DATE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition CR2E034 (9/01 ☐ Change Delete TITLE BLAKESLEE, FRED, JR. NAME STREET ADDRESS **5200 SILVER OAK DRIVE** STREET ADDRESS FT PIERCE FL 34982 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME BLAKESLEE, FRED, JR. NAME STREET ADDRESS 5200 SILVER OAK DRIVE STREET ADDRESS CITY-ST-ZIP FT PIERCE FL 34982 CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE Delete\_ 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 ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE 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 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

SIGNATURE:

FRED BLAKESLEE PRES