2001 UNIFORM BUSINESS REPORT (UBR) S55522 DOCUMENT # 2. ZÍSION OF CORPORATIONS TILED 1. Entity Name Electrical Service. American OLOCTII AMII: 24 Principal Place of Business 4400 Charlotte St. Ste.L 4400 Charlotte St. Stel Lake worth FI Lake worth, Fl 33461 2. Principal Place of Business 3. Mailing Address 1400 Charlotte S 4400 Charlotte St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE suite City & State City & State 4. FEI Number Applied For ake DOC (CO - CA) Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired <u>55461</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Terry K. Stuart 4165 no. Landar Street Address (P.O. Box Number is Not Acceptable) ake worth, F 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete (2/01)TITLE ☐ Change ☐ Addition Terry K. Stuart 4400 Charlotte St. Ste. L NAME NAME 900004641619--5 STREET ADDRESS STREET ADDRESS -10/18/01--01045--008 CITY-ST-ZIP like Worth FI CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.60 TITLE Delete TITLE ☐ Change ☐ Addition nicholas Jo Bloom NAME 4400 Charlotte St. Str. L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Lake worth CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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 with an address, with all other like empowered.

SIGNATURE