

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90060 027 ***150.00

DOCUMENT # S61733

1. Entity Name
AMBIT ELECTRIC, INC.



Principal Place of Business 5621 SARAH AVE STE 102 SARASOTA FL 34233 US	Mailing Address 5621 SARAH AVE STE 102 SARASOTA FL 34233 US
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2. Principal Place of Business 1200 DEBRECEN ROAD. Suite, Apt. #, etc.	3. Mailing Address 1200 DEBRECEN ROAD. Suite, Apt. #, etc.
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City & State SARASOTA, FL.	City & State SARASOTA, FLORIDA
Zip 34240	Zip 34240
Country U.S.A.	Country U.S.A.

4. FEI Number **65-0268813** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**O'CONNERS, LINDA L
5621 SARAH AVE
STE 102
SARASOTA FL 34233**

7. Name and Address of New Registered Agent
Name **LINDA L. O'CONNORS**
Street Address (P.O. Box Number is Not Acceptable)
1200 DEBRECEN ROAD.
City **SARASOTA, FL.** Zip Code **34240**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Linda L. O'Connors* DATE **4-16-03.**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, LAWRENCE G 3102 VESPAR AVE SARASOTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. P. MILLS, LAWRENCE G. 1200 DEBRECEN ROAD SARASOTA, FL. 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MILLS, SHERI L. 1200 DEBRECEN ROAD. SARASOTA, FL. 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLS, GREGORY L. 1200 DEBRECEN ROAD SARASOTA, FL. 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4-18-03** DAYTIME PHONE #: **941 8096773**

CR2E034 (10/02)