2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$78989** May 05, 2000 8:00 am 1. Entity Name Secretary of State ELECTRICAL SYSTEMS, INC. 05-05-2000 90022 013 ***150.00 Principal Place of Business Mailing Address P.O. BOX 3104 360 CYPRESS DRIVE TEQUESTA FL 33469-1001 STE 1 TEQUESTA FL 33469 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0281521 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUMPAGE, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 426 B CYPRESS DR **TEQUESTA FL 33469** City Zip Code entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above mamed James R. Humpage SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Change Addition TITLE ☐ Delete TITLE HUMPAGE, JAMES R. NAME NAME 426 B CYPRESS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL** ☐ Change Addition ☐ Delete TITLE **HUMPAGE, JAMES** NAME STREET ADDRESS **426 B CYPRESS DR** STREET ADDRESS CITY-ST-ZIP **TEQUESTA FL** CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE BERTHOLF, BETHANY L NAME HUMPAGE, BETHANY B. 6134 S.E. RIVERBOAT DR. #913 STREET ADDRESS STREET ADDRESS 426 B Cypress Drive CITY-ST-ZIP CITY-ST-ZIP STUART FL Tequesta, FL 33469 ☐ Delete DDE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: