2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$89409** 1. Entity Name COASTLINE ELECTRIC OF SOUTH FLORIDA. INC. 00 JUL 17 PM 3: 32 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 12895 22ND CT NO PO ROX 1222 LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0340370 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHIBINGER, KARL F Street Address (P.O. Box Number is Not Acceptable) 12895 22ND CT NO LOXAHATCHEE FL 33470 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11, 12. CR2E034 (5/00) D۷ Change ☐ Addition TITLE ☐ Delete TITLE SCHIBINGR, KARL F NAME NAME 12895 22ND CT NO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOXAHATCHEE FL Addition ☐ Delete TITLE Change SCHIBINGER, NANCY R NAME NAME STREET ADDRESS 12895 22ND CT NO STREET ADDRESS ****150.00 CITY-ST-ZIP LOXAHATCHEE FL CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITL F Delete TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

Mancy Schiber Cost of PRINTED NAME OF SIGNING FICER OR DIRECTOR

VancySchibinger, President 7/4/2000 79

0 193-984

Daytime Phone #

12895 22 Ct. N. P.O. Box 1222 Loxahatchee, FL 33470 (407) 793-9843

July 10, 2000

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O.BOX 1500 TALLAHASSEE,FL.32302-1500

To whom it may concern:

Enclosed find payment for the filing of our corporation's uniform business report. We had sent this payment before May 1st but for some reason you did not receive it. We have placed a stop payment on the check as suggested by Cathy in your dept. I spoke with her on July 6th. We are requesting that the late fee be waved since we did send this on time but appearantly was lost somewhere in the mail or by your dept. This time we are sending it registerd mail so we will be notified when you receive it.

Thank you for your quick attention to this matter.

Karl F.Schibinger Sr. VP.

Sincerely.