2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 22, 2002 8:00 am Secretary of State DOCUMENT # V33754 1. Entity Name 04-22-2002 90171 033 ***150 EXCEL ELECTRIC OF NAPLES INC. Principal Place of Business Mailing Address 3920 A PROGRESS AVE 3920 A PROGRESS AVE NAPLES FL 34104 NAPLES FL 34104 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0329980 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 MCMANUS, STEPHEN H Street Address (P.O. Box Number is Not Acceptable) 3920-A PROGRESS AVE NAPLES FL 34104 City Zip Code FŁ 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition TITI F MCMANUS, STEPHEN H NAME NAME STREET ADDRESS STREET ADDRESS 7111 SUGER MAGNOLIA COURT CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34109 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME DETWEILER, TRACY J NAME STREET ADDRESS STREET ADDRESS 4366 27TH CT. S.W. #202 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 TITLE ☐ Delete Change Addition 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 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change [Addition TITLE ☐ Delete 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.

FILED

Daytime Phone #