**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 30, 2002 8:00 am Secretary of State V36685 DOCUMENT # 1. Entity Name LUKE BROTHERS ELECTRIC, INC. 01-30-2002 90118 034 \*\*\*150.00 Principal Place of Business Mailing Address 1622 HICKMAN RD P O BOX 17734 JACKSONVILLE FL 32245 JACKSONVILLE FL 32216 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 59-3128407 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUKE, MICHAEL W. Street Address (P.O. Box Number is Not Acceptable) 1622 HICKMAN RD JACKSONVILLE FL 32216 City 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition LUKE, MICHAEL W NAME NAME 1622 HICKMAN RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition LUKE, GARY L 1622 HICKMAN RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment

13. Thereby 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 tastee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if