

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90455 040 ***150.00

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1. Entity Name

SOLAR ELECTRIC SYSTEMS, INC.



Principal Place of Business

1684 N BELCHER RD
CLEARWATER FL 33765
US

Mailing Address

1684 N BELCHER RD
CLEARWATER FL 33765
US

2. Principal Place of Business

2165 SUNNYDALE Blvd. ← SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

Country

Zip

Country

Zip

Country

Zip

Country

BYRNE, JAMES A ESO

540 4TH ST. NORTH

SAINT PETERSBURG FL 33701

Name

Anne M Malley ESO

Street Address (P.O. Box Number is Not Acceptable)

1230 S. Myrtle Ave

Suite 105

City

CLEARWATER

FL

Zip Code

33756

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

Signature, typed or printed name of registered agent and title if applicable.

Anne M Malley ESO

(NOTE: Registered Agent signature required when reinstating)

4-24-03

DATE

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 ☒ Delete

NAME
RANKIN, A. MICHAEL
STREET ADDRESS
3016 TALL PINES DRIVE
CITY-ST-ZIP
SAFETY HARBOR FL

TITLE ☐ Delete

NAME
RANKIN, KATHRYN
STREET ADDRESS
3016 TALL PINES DRIVE
CITY-ST-ZIP
SAFETY HARBOR FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Rankin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 03

Date

Daytime Phone #

727
442-6996

CR2E034 (10/02)