## 2002 UNIFORM BUSINESS REPORT (UBR)

POCUMENT # V65229 Entity Name REGG ELECTRIC CORPORATION						Secretary of State 02-20-2002 90143 023 ***150.00					
8350 Pauls Nit A1-2	e of Business ON DRIVE OTTE FL 33954	Mailing Address 18316 BRIGGETT AVENUE PORT CHARLOTTE FL 33948									
Principal Place of Business		3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	FEI Number	65-0358545		No	oplied For ot Applicable	
Zip	Country	Zip	Coun	Country		Certificate o	f Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current Re	gistered Agent			7.	Name and A	Address of New F	Registered A	Agent		
				Name							
BROWN, GREGG 18316 BRIGGETT AVENUE PORT CHARLOTTE FL 33948				Street Add	Street Address (P.O. Box Number is Not Acceptable)						
7 0117 0117 112 000 10				City FL Zip Code						e	
Tax filing i	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)  OFFICERS AND DI	FILE NOW After May 1, 20 Make Check Payal	!!! FEE 102 Fee	will be \$550	1.00 f State	10. Elec Trus	tion Campaign Filt Fund Contribution	n. E	Added	00 May Be d to Fees S IN 11	
LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	D BROWN, GREGG 18316 BRIGGETT AVE PORT CHARLOTTE FL VP BROWN, BARBARA L 18316 BRIGGETT AVENUE	□ Delete	TITLI NAM STRE CITY TITLI NAM	E ET ADDRESS -ST-ZIP					☐ Change	☐ Addition	
Y-ST-ZIP LE ME	PORT CHARLOTTE FL 33948 S BROWN, MEGAN L	Oelete	TITLI	E					Change	☐ Addition	
reet address fy-st-zip le me reet address	18316 BRIGGETT AVENUE PORT CHARLOTTE FL 33948	☐ Delete	CITY TITLE NAM STRE	E ET ADDRESS					Change	☐ Addition	
IY-ST-ZIP  LE  ME  REET ADORESS  Y-ST-ZIP		☐ Delete	TITLE NAM STRE					,	☐ Change	Addition	
LE ME REET ADDRESS TY-ST-ZIP		☐ Delete						•	☐ Change	Addition	
indicated of the cor	certify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	ue and accurate and that re ered to execute this report	my signa t as requi	ture shall havi	e the same	legal effect	as if made under	oath; that I a	am an officer	or director	

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02 (941) 764-6565

Date Dayline Phone #