2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90070 042 ***150.00

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1. Entity Name
TOM'S ELECTRICAL CONTRACTORS, INCORPORATED

Principal Place of Business	Mailing Address
125 RIVER CANYON RD JACKSON AL 36545	P.O. BOX 127 JACKSON AL 36545

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11884 Highway 69	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jackson, AL	City & State
Zip: 36545 Country: Clarke	Zip Country

4. FEI Number 63-0903939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOTES, MICHAEL KENNET SR.
4165 HUCKLEBERRY FINN ROAD
MILTON FL 32583

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOTES, THOMAS J JR. HC 66 BOX 67C SALITPA AL 36570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOTES, THOMAS J JR 11968 HIGHWAY 69 JACKSON, AL 36545	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MOTES, GLENDA L HC 66 BOX 67C SALITPA AL 36570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MOTES. GLENDA L 125 RIVER CANYON RD. JACKSON, AL 36545	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Glenda L Motes REQUIRED Glenda L Motes 1/30/03 251-246-9838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)