

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90358 040 ***150.00

DOCUMENT # F97000001327

1. Entity Name
COKEN COMPANY ELECTRICAL CONTRACTORS

816361



DO NOT WRITE IN THIS SPACE

Principal Place of Business 275 WEST NATICK RD STE 100 WARWICK RI 02886-1130	Mailing Address 275 WEST NATICK RD STE 100 WARWICK RI 02886-1130
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2. Principal Place of Business 275 West Natick Road Suite, Apt. #, etc. Suite 100 City & State Warwick, RI	3. Mailing Address 275 West Natick Road Suite, Apt. #, etc. Suite 100 City & State Warwick, RI
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Zip 02886-1130	Country	Zip 02886-1130	Country
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4. FEI Number 05-0314729	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BARONE, ELAINE S 275 WEST NATICK RD STE 100 WARWICK RI 02886-1130	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS BELLUCCI, JOSEPH 275 WEST NATICK RD STE 100 WARWICK RI 02886-1130	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLSTER, DOREEN J 275 WEST NATICK RD STE 100 WARWICK RI 02886-1130	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARLSON, ERIC B 275 WEST NATICK RD STE 100 WARWICK RI 02886-1130	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO LAMBERT, RAYMOND J 275 WEST NATICK RD STE 100 WARWICK RI 02886-1130	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COKEN, MYRON 275 WEST NATICK RD STE 100 WARWICK RI 02886-1130	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: Doreen J. Bolster Doreen J. Bolster (401) 535-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)