

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012500

1. Entity Name  
BRAD M'S ELECTRIC, INC.

Principal Place of Business  
1551 SOUTHWIND DR  
NICEVILLE FL 32578

Mailing Address  
1551 SOUTHWIND DR  
NICEVILLE FL 32578

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 59-3362186

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

METCALFE, BRADLEY G  
1551 SOUTHWIND DR  
NICEVILLE FL 32578

## 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, 2002 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

TITLE D  
NAME METCALFE, BRADLEY G  
STREET ADDRESS 1213 RHONDA DRIVE  
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE VP  
NAME KEN BILDSTEIN  
STREET ADDRESS 924 JUNIPER AVE.  
CITY-ST-ZIP NICEVILLE FL ☐ Delete

TITLE S  
NAME ROBERT SHREWSBURY  
STREET ADDRESS 612 KATHLEEN COURT  
CITY-ST-ZIP NICEVILLE FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**  
01-10-2002 90003 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)