

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90063 029 ***150.00

DOCUMENT # **PO1000.118279**

1. Entity Name **Bryan Electric of North Florida**
11855 North Main Street, Suite
Jacksonville, Florida 32218

878272

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **11855 North Main St.**

3. Mailing Address **Same**

Suite, Apt., #, etc. **Suite 6**

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Jacksonville, FL**

City & State

4. FEI Number **59-3718496**

Applied For
Not Applicable

Zip **32218**

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name **Michealyn C. Adams**

Street Address (P.O. Box Number is Not Acceptable) **1112 Third Street**

Suite 7

City **Neptune Beach, FL** Zip Code **32266**

**DO NOT WRITE
IN THIS SPACE**

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 **Michealyn C. Adams**

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

(NOTE: Registered Agent signature required when reinstating)

9-4-02

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 **P**
NAME **BRYAN, Robert**
STREET ADDRESS **11855 Main Street, Suite 3**
CITY - ST - ZIP **Jacksonville, FL 32218**

TITLE **S**
NAME **BRYAN, Amber**
STREET ADDRESS **11855 Main Street, Suite 3**
CITY - ST - ZIP **Jacksonville, FL 32218**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Bryan - President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-02 904-696-0475

Date

Daytime Phone #

CR2E034B (12/01)

*attached
PO 1000118279*

Bryan
ELECTRIC Of North Florida, Inc.

079277

COMMERCIAL • INDUSTRIAL

11855 N. Main Street, Suite #6 • Jacksonville, Florida 32218
(904) 696-0475 • Fax (904) 696-0476

To Whom It May Concern:

I am enclosing this letter informing you that we were not aware of the UBR information nor did we receive the first or second notice. We hired an accountant and she made us aware of the information. We downloaded the information from the Internet and mailed immediately with a check for \$150.00.

Thank You,
Amber Bryan

Bryan Electric of N. Fla., Inc