## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

438764 **DOCUMENT#** 



## **FILED** Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90183 024 \*\*\*150.00

RUMENT AND	ELECTRICAL SE	RVICE, INC.						
Business ) 6 07-2408	PO BC	X 5408			 1146 Jerus 1146 1111 1811 1141 1141 1			
Principal Place of Business     3. Mailing Address			<u></u>			DION BION THE		(  <b>1</b> 101  140
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.			olied For Applicable	
Country	Zip		Country	Ļ			ee Required	
6. Name and Addr	ess of Current Registere	d Agent		7.	Name and Address of New Re	gistered A	gent	
ID L. RD. R 5408	<del>-</del>			ess (P.O.	Box Number is Not Acceptable)			
LAKELAND FL 33803			City			FL	Zip Code	•
s of registered agen	t.					ida. I am f	amiliar with, a	and accept
-NOWILLEEF-U	-6150-00				9 Flection Campaign Fin	ancing	s5 n	0 мау Ве
lay 1, 2003 Fee w	ill be \$550.00				Trust Fund Contribution	n.	Added	I to Fees
		PRS	11.		ADDITIONS/CHANGES TO OFF	CERS AND		
URRY, DAVID L 102 LAKE POINT		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
URRY, DANIEL 618 ROCKFIELD	LOOP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
ALRICO FL 33594		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>.</del>		-	☐ Change	Addition
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>.</del> .			Change	Addition
, <u> </u>		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		on 119.07(3)(i), Florida Statutes.		☐ Change	Addition
	Business  8  07-2408  9 of Business  1tc.  Country  6. Name and Addre  RD.  R 5408 L 33803  med entity submits to or registered agen  auture, typed or printed name  NOWIN-FEE H  ay 1, 2003 Fee w  ayable to Florida  URRY, DAVID L  102 LAKE POINT  AKELAND FL 338  URRY, DANIEL  618 ROCKFIELD I	Business Mailing PO BC B LAKEL  07-2408  To of Business 3. Mailing Into Country Zip  Country Zip  6. Name and Address of Current Registere  ID L.  RD. R 5408 L 33803  med entity submits this statement for the purp of registered agent.  ENOWILL FEE IS \$158.00  lay 1, 2003 Fee will be \$550.00  ayable to Florida Department of State  OFFICERS AND DIRECTO  URRY, DAVID L  102 LAKE POINT  AKELAND FL 33813	PO BOX 5408 B LAKELAND FL 33807  107-2408  108 109 109 109 109 109 109 109 109 109 109	Business Mailing Address PO 80X 5408 LAKELAND FL 33807  Tof Business 3. Mailing Address Itc. Sulte, Apt. #, etc.  City & State  Country Zip Country  6. Name and Address of Current Registered Agent Name DL. RD. R 5408 L 33803  City  med entity submits this statement for the purpose of changing its registered office or registered agent.  Served Address of City  med entity submits this statement for the purpose of changing its registered office or registered agent.  Served Agent algorithme registered Agent and title if applicable.  (NOTE: Registered Agent algorithme registered Agent alg	Business   Mailing Address   PO BOX 5408   LAKELAND FL 33807   PO BOX 5408   LAKELAND FL 33807   PO BOX 5408   LAKELAND FL 33807   PO BUSINESS   Suite, Apt. #, etc.   Late   Lat	Business   Mailing Address   Fo 80X 9408	Business Mailing Address PO BOX 5488  LAKELAND FL 33807  Tof Business 3. Melling Address   LAKELAND FL 33807  Tof Business 3. Melling Address   LAKELAND FL 33807  Tof Business 3. Melling Address   LAKELAND FL 33807  Country Zip Country 5. Certificate of Status Desired   LAKELAND FL 344533  Country Zip Country 5. Certificate of Status Desired   Round Fl 344533  Expect Address of Current Registered Agent	Business   Fo Box 908   Fo Box 908   Fo Box 908   Business   Fo Box 908   Fo Box 908

I nereby 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 emprovered 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, mittal other like empowered.

SIGNATURE:

Daytime Phone #