

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001337

1. Entity Name

BOLIN ELECTRICAL CONTRACTORS, INC.

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90008 045 \*\*\*150.00

Principal Place of Business  
4600 HIRAM LIGHIA SPRINGS RD  
POWDER SPRINGS GA 30127

Mailing Address  
4600 HIRAM LIGHIA SPRINGS RD  
POWDER SPRINGS GA 30127

2. Principal Place of Business

785 Great Southwest Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

785 Great Southwest Pkwy  
Suite, Apt. #, etc.

City & State

Atlanta, GA.

City & State

Atlanta, GA.

Zip

30336

Country

USA

Zip

30336

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARLET, ART  
3225 LOCKWOOD BLVD  
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

Quintana, Rory

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

1859 N. Pine Island Rd.

City

Plantation

FL

Zip Code

33322

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

Rory Quintana

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PC  
NAME BOLIN, ROGER D  
STREET ADDRESS 4600 HIRAM LITHIA SPRINGS RD  
CITY-ST-ZIP POWDER SPRINGS CA 30127 ☐ Delete

TITLE S  
NAME BOLIN, JENNIFER  
STREET ADDRESS 4600 HIRAM LITHIA SPRINGS RD  
CITY-ST-ZIP POWDER SPRINGS CA 30127 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

Roger Bolin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 404-349-4680  
Date Daytime Phone #

CR2E034 (10/00)

044562