2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F9900002297 **DOCUMENT #**

1. Entity Name

NASH ELECTRICAL CONTRACTORS, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90274 040 ***158.75

Principal Plac 5462 NEW FO MACON GA 3	- · - · · · · · · - ·	Mailing Ac 5462 NEW MACON C	FORSYTH RD.			T ARRIVAR TITO PORTE TOUR ARVIN RAFIL BRIT	I 28 mii 88 mii mere ata	I o (400) (46)
		Suite, Ap	Address PRESTON ot. #, etc.	COURT		CHECK HERE IF MA		10 (0)11 (92) (05)
City & State	te	City & Si	tate		4.	FE! Number 59-3409438		Applied For Not Applicable
Zip 31210	Country	3/2/	,	Country	5.	Certificate of Status Desired	\$8.75 A Fee Requi	
	6. Name and Address of Current F	Registered A	gent	Nome	7.	Name and Address of New Registe	ered Agent	
PYLE, JAI	MES			Name				
•	CUTIVE WAY SUITE 206			Street /	Address (P.O. I	Box Number is Not Acceptable)		
	EDRA BEACH FL 32082						. .	
	EDIN DENOTTE SEGOZ			City	· · · · · · · · · · · · · · · · · · ·		FL Zip Co	ode
8. The above	named entity submits this statement for	the nurnose	of changing its re	edistered office o	or registered as			and accept
	ions of registered agent.	trie purpose	or changing its it	sgistered office (n registered at	gent, or both, in the state of monda.	i am iamilai witi	i, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	ed title if applicable	(NOTE:	Danistavani Assatsiasa				
		nd little it applicable	e. (NOTE:	Registered Agent signa	iturë rëquired when i	reinstating) C	DATE ·	
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00					9. Election Campaign Financin	g \$5 .	00 May Be
	Repair to Florida Department of	State				Trust Fund Contribution.		ed to Fees
	r Payable to Florida Department of OFFICERS AND D			11.	Αί	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS	☐ Adde	
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12. 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 aport 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 trusted empowered 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, with all other like empowered.

SIGNATURE: