

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90143 037 ***150.00

DOCUMENT # G30518

1. Entity Name

JOHN'S ELECTRIC SERVICE OF NORTH JAX, INC.

Principal Place of Business

% HARDY L. LOYD
 10366 LEM TURNER RD.
 JACKSONVILLE FL 32218

Mailing Address

% HARDY L. LOYD
 10366 LEM TURNER RD.
 JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

48321 Haddock Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hilliard, Florida

4. FEI Number

59-2268810

Applied For

Not Applicable

Zip

Country

Zip

Country

32046

Nassau

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOYD, HARDY L.
 10366 LEM TURNER ROAD
 JACKSONVILLE FL 32218**

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

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

(NOTE: Registered Agent signature required when reinstating)

2-1-02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP:** ☐ Delete
 NAME **LOYD, HARDY L.**
 STREET ADDRESS **10366 LEM TURNER RD.**
 CITY-ST-ZIP **JAX-FL 00000**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Hardy L. Loyd
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2-1-02

Date

904-845-2763
 Daytime Phone #

CR2E034 (9/01)