**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Feb 11, 2002 8:00 am G35764 DOCUMENT # **Secretary of State** 1. Entity Name ₹ 02-11-2002 90193 046 \*\*\*150.00 ELECTRICAL SERVICE AND MAINTENANCE, INC. Principal Place of Business Mailing Address % HERBERT G. DOLAN % HERBERT G. DOLAN 104-1ST STREET, N. 104-1ST STREET, N. **BRADENTON BEACH FL 34217 BRADENTON BEACH FL 34217** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2287679 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOLAN, HERBERT G. Street Address (P.O. Box Number is Not Acceptable) 404 - 21ST PLACE **BRADENTON BEACH FL 33510** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01)TITLE D۷ ☐ Delete TITLE ☐ Change ■ Addition DOLAN, PEGGY 1. NAME NAME CR2E034 404-21ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON BCH, FL 00000** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DOLAN, HERBERT G. NAME NAME 404 - 21ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON BEACH FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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