

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90103 037 ***150.00

DOCUMENT # H19887

1. Entity Name

JERRY'S ELECTRICAL SERVICE, INC.

Principal Place of Business

**9438 WAKULLA SPRINGS RD
 TALLAHASSEE FL 32310**

Mailing Address

**P.O. BOX 6572
 TALLAHASSEE FL 32314**

2. Principal Place of Business

9438 Wakulla Springs Rd.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6572
 Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32310

Country

USA

Zip

32314

Country

USA

4. FEI Number

59-2445895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TOWNSEND, ALAN
 9438 WAKULLA SPRINGS RD
 TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

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

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, 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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS TOWNSEND, ALAN E
 CITY-ST-ZIP 9438 WAKULLA SPRINGS RD
 TALLAHASSEE FL 32310

TITLE ☐ Delete
 NAME STV
 STREET ADDRESS TOWNSEND, ALISON R
 CITY-ST-ZIP 9438 WAKULLA SPRINGS RD
 TALLAHASSEE FL 32310

TITLE ☐ Delete
 NAME STD
 STREET ADDRESS TOWNSEND, CAROLYN C
 CITY-ST-ZIP 804 W. THARPE STREET
 TALLAHASSEE FL 32303

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 32305

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 32305

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan E. Townsend
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 (850) 576-4826
 Date Daytime Phone #

CR2E034 (9/01)