

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0048106 AV

DOCUMENT # H19887

1. Entity Name  
JERRY'S ELECTRICAL SERVICE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 14 PM 12:42

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  
1811 Burns Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Tall Fla

City & State

4. FEI Number 59-2445895

Applied For

Not Applicable

Zip 32303 Country Leon

Zip Country

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

TOWNSEND, ALAN  
9438 WAKULLA SPRINGS RD  
TALLAHASSEE FL 32310

Name Jeff Foley  
Street Address (P.O. Box Number is Not Acceptable) 1811 Burns Dr  
City Tall FL Zip Code 32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME TOWNSEND, ALAN E  
STREET ADDRESS 9438 WAKULLA SPRINGS RD  
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE PD ☒ Change ☐ Addition  
NAME Jeffrey J Foley - 1811 Burns Dr  
STREET ADDRESS Tall FL 32303  
CITY-ST-ZIP

TITLE STV ☒ Delete  
NAME TOWNSEND, ALISON R  
STREET ADDRESS 9438 WAKULLA SPRINGS RD  
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE STV ☒ Change ☐ Addition  
NAME Howard Jones  
STREET ADDRESS 1811 Burns Dr Tall FL 32303  
CITY-ST-ZIP

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

TITLE STD ☒ Change ☐ Addition  
NAME Marlene Jones  
STREET ADDRESS 1811 Burns Dr Tall FL 32303  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100017338551  
04/30/03--01003--018 \*\*158.75

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-14-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0345