## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Mar 17, 2003 8:00 am Secretary of State J61021 **DOCUMENT #** 03-17-2003 90142 034 \*\*\*150.00 1. Entity Name POPE ELECTRICAL COMPANY, INC. Mailing Address Principal Place of Business 408 NORTH 75TH AVE. 408 NORTH 75TH AVE. PENSACOLA FL 32506 PENSACOLA FL 32506 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2918801 Not Applicable \$8.75 Additional Country Country Żip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARO, JOSEPH W III Street Address (P.O. Box Number is Not Acceptable) 408 NORTH 75TH AVE. PENSACOLA FL 32506 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE **PSTD** ☐ Delete TITLE NAME CARO, JOSEPH W III NAME STREET ADDRESS 408 NORTH 75TH AVE. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32506 CITY-ST-ZIP ☐ Addition ☐ Channe ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete ... TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

changed, or on an attach

12. Thereby certify that the information supplied with this filling 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 chapter the component with an address with all other like empowered.

CR2E034 (10/02)

**FILED**