

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90256 039 \*\*\*158.75

**DOCUMENT # J63912**

1. Entity Name

**BRYAN ELECTRICAL CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

**COLUMBUS STREET  
NICEVILLE FL 32578  
US**

**% ELLENE BRYAN  
P O BOX 129  
NICEVILLE FL 32588-0129**

2. Principal Place of Business

**371 Iowa Street  
Suite, Apt. #, etc.**

3. Mailing Address

**P. O. Box 129  
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Niceville, FL**

City & State

**Niceville, FL**

4. FEI Number

**59-2792651**

Applied For

Not Applicable

Zip

Country

**32578**

**US**

Zip

Country

**32588-0129**

**US**

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

**BRYAN, ELLENE  
371 IOWA STREET  
NICEVILLE FL 32578**

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: **Ellene Bryan**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Ellene Bryan*

**4-12-2000**

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, 2000 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 **D** ☐ Delete  
NAME **BRYAN, GEORGE H.**  
STREET ADDRESS **371 IOWA STREET**  
CITY-ST-ZIP **NICEVILLE FL**

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

TITLE **D** ☐ Delete  
NAME **BRYAN, ELLENE A.**  
STREET ADDRESS **371 IOWA STREET**  
CITY-ST-ZIP **NICEVILLE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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: **Ellene Bryan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ellene Bryan*

**4/12/2000**

Date

**(850) 678-2774**

Daytime Phone #

CR2E034 (9/99)