

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90029 034 ***150.00

DOCUMENT # J74023

1. Entity Name
WHOLESALE INDEPENDENT ELECTRICAL SUPPLY CO., INC

Principal Place of Business

**5 E. FAIRFIELD DR.
PENSACOLA FL 32505**

Mailing Address

**P.O. BOX2817
PENSACOLA FL 32513-2817
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 10600

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola

City & State

Pensacola Florida

4. FEI Number

59-2807568

Applied For

Not Applicable

Zip

Country

Zip

Country

32524

Escambia

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

**MATHES, BONNIE L
5 EAST FAIRFIELD DR
PENSACOLA FL 32505**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
PD
NAME **MATHES, BONNIE LYNN**
STREET ADDRESS **5 EAST FAIRFIELD DR.**
CITY-ST-ZIP **PENACOLA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Bonnie L Mathes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02
Date

850-479-6151
Daytime Phone #

CR2E034 (9/01)