

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90318 009 \*\*\*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. BOX 10600  
PENSACOLA FL 32524  
US**

2. Principal Place of Business  
**1201 Creighton Road**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Pensacola, FL**

City & State

Zip  
**32504**

Country

Zip

Country

4. FEI Number  
**59-2807568**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1201 Creighton Road  
Pensacola, FL 32504** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: **Bonnie L Mathes, President**

Date **Jan. 20 2003** Phone # **180-444-1511**

CR2E034 (10/02)