

LLC
**FOR PROFESSIONAL CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02-24-2002 90085 025 ***150.00
L01000007128

DOCUMENT # L01000007128 /

1. Entity Name

EXPERT ELECTRIC, L.L.C.

FILED

02 NOV 18 AM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18631

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1039 1st Avenue

3. Mailing Address
P.O. BOX 48

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Gadsden, Alabama

City & State
Gadsden, Alabama

4. FEI Number
58-2622851

Applied For
Not Applicable

Zip
35901

Country
USA

Zip
35902

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Scott M. Covell

Street Address (P.O. Box Number Is Not Acceptable)
125 West Romana Street

Suite 800, One Pensacola Plaza

City
Pensacola

FL Zip Code
32501

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 Scott M. Covell

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00.
After May 1, Fee is \$550.00.
Amended UBR is \$81.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Member
James M. Christian
203 Goodhue Road
Gadsden, Alabama 35904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)