

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90115 050 \*\*\*\*50.00

**DOCUMENT # L01000017504**

1. Entity Name

**EMZ ELECTRICAL LLC**

Principal Place of Business

5151-2 SUNBEAM ROAD  
JACKSONVILLE FL 32257

Mailing Address

5151-2 SUNBEAM ROAD  
JACKSONVILLE FL 32257

71248

2. Principal Place of Business

SEE ABOVE

3. Mailing Address

SEE ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3749075

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**RUFFELL, ERNEST E III**  
**5151-2 SUNBEAM ROAD**  
**JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

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]* Ernest Ruffell 2/1/02  
(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

 TITLE ☐ Delete  
 NAME **Mgr Ernest Ruffell**  
 STREET ADDRESS **P.O. Box 372 1163 Colerain**  
 CITY-ST-ZIP **Kingsland GA 31548**

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
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 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]* Ernest Ruffell 2/1/02 904 607 2444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)