

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-16-2003 90066 042 ****50.00

DOCUMENT # L02000012674					
1. Entity Name ADAMS INDUSTRIAL ELECTRICAL SERVICES, LLC					
Principal Place of Business 62 LARCH COURSE OCALA FL 34480 US			Mailing Address 62 LARCH COURSE OCALA FL 34480 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 37-1432337	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, STEVEN G 62 LARCH COURSE OCALA FL 34480			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>STEVEN G. ADAMS</u> <u>[Signature]</u> <u>5-14-03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]		
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 that 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: <u>[Signature]</u> <u>5-14-2003</u> <u>352-454-2289</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

CR2E083 (10/02)