941-453-7092

Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L08489  1. Entity Name  RAGLANDS ELECTRICAL, INC.					Secretary of State 04-21-2002 90862 041 ***150.00				
Principal Place of Business 485 2ND ST. S.E. NAPLES FL 34117 US		Mailing Address 485 2ND ST. S.E. NAPLES FL 34117 US							
2. Principal Place of Business		3. Mailing Address			jenijen en <b>te</b> lal	{B  10   1000   1010   1014	1831 <b>9</b> 3811 81811 81851 9		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI N	lumber 65-	0135013	<b>⊢</b>	oplied For ot Applicab	
Zip	Country	Zip	Country	5. Certif	ficate of Status	Desired	\$8.75 Add Fee Require		
	6. Name and Address of Curr	ent Registered Agent		7. Name	and Address	s of New Registe	red Agent		
			Name						
RAGLAND, BOBBY L. 2130 WILSON BLVD N				Street Address (P.O. Box Number is Not Acceptable)					
naples fl	. 34120		City				FL Zip Cod	le	
Tax filing re (See criteria	4 ft	After May 1, 20 Make Check Paya	7!!! FEE IS \$150.0002 Fee will be \$5 ible to Departmen	50.00 t of State	Trust Fund	mpaign Financing Contribution. ES TO OFFICERS	☐ Adde	00 May Bed to Fees	
NAME STREET ADDRESS	P RAGLAND, BOBBY L. 2130 WILSON BLVD N. NAPLES FL	AND DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	485 Z		-,	Change	☐ Additi	
NAME STREET ADDRESS	D : LONG, RICHARD 3531 3RD AVE. N.W. NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Change	Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO LECT L	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		416		Change	☐ Additi	
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13. I hereby control indicated of the corr	ertify that the information supplied on this report or supplemental reporation or the receiver or trustee or on an attachment with a haddr	ont is true and accurate and that empowered to execute this pepo	rt as required by Ch	ited in Section 119 have the same lega apter 607, Florida S	.07(3)(i), Floric al effect as if m Statutes; and t	la Statutes. I furthe nade under oath; t hat my name appe	er certify that the hat I am an office ears in Block 11 o	information or director or Block 12	

CHIPLONIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: