

# 2002 UNIFORM BUSINESS REPORT (UBR)

0443397 AV

DOCUMENT # P00000059697

1. Entity Name  
CORRECT ELECTRICAL SERVICE, INC.

FILED

02 SEP -9 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
257 45TH AVE NE  
ST PETERSBURG FL 33703

Mailing Address  
257 45TH AVE NE  
ST PETERSBURG FL 33703

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3653816

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

WOOLARD, BRUCE A  
257 45TH AVE NE  
ST PETERSBURG FL 33703

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
WOOLARD, BRUCE A  
257 45TH AVE NE  
ST PETERSBURG FL 33703 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100007663361-8  
-09/11/02--01046--024  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02 127-6471311  
Date Daytime Phone #

CR2E034 (9/01)

Attachment  
#P00000659697

Dear Sirs or Ladies,

My name is Bruce Woolard I'm writing this letter in hopes you will understand the adverse circumstances I have been dealing with for the last 8 months. I injured my ankle and have been diagnosed with RSD. This is a debilitating condition and very painful. I have been in and out of hospitals all types of tests and procedures to get this condition under control. Nerve blocks upideral injection physical therapy on a daily basis for 3 months. I realize I am late filling this report and I apologize. Things have gotten a little out of control on my business. I'm hopping you will forgive this error on my part and understand this was not intentional.

Sincerlly Bruce A Woolard  
Correct Electrical Service  
257 45<sup>th</sup> Ave NE  
St Pete FL 33703

*Bruce Woolard*