

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90388 020 ***150.00

DOCUMENT # P00000060911

1. Entity Name
RICKLIN ELECTRIC UTILITY SERVICES, INC



Principal Place of Business
7539 SE 64TH STREET
NEWBERRY FL 32669

Mailing Address
7539 SE 64TH STREET
NEWBERRY FL 32669

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 59-3658114

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, GEORGE A JR
7539 SE 64TH STREET
NEWBERRY FL 32669

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, LINDA M	
STREET ADDRESS	7537 SE 64TH ST.	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, GEORGE	
STREET ADDRESS	7539 SE 64TH STREET	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEST, TOM	
STREET ADDRESS	7539 SE 64TH STREET	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEST, TOM	
STREET ADDRESS	118 STONEMILL	
CITY-ST-ZIP	MADISON MS 39110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CECILIA DAY	
STREET ADDRESS	7537 SE 64TH STREET	
CITY-ST-ZIP	NEWBERRY, FL 32669	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE GREEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

Daytime Phone #

CR2E034 (10/02)