

1/12/01-5

# 2001 UNIFORM BUSINESS REPORT (UBR)

# FILED Feb 08, 2001 8:00 am Secretary of State

01-12-2001 90017 033 \*\*\*150.00

DOCUMENT # P00000081187

1. Entity Name  
**ELECTRICAL SERVICES INCORPORATED**

Principal Place of Business      Mailing Address  
700 WILLET AVENUE                      700 WILLET AVENUE  
JUPITER FL 33458                              JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
**E.S.I**

City & State                              City & State  
**Jupiter, FL**

Zip      Country                      Zip      Country  
**33408 - USA**

4. FEI Number      Applied For  
**65-1036942**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GREENBERG, JOEL E ESQ.  
FOUNTAINS OF PLANTATION BUSINESS PARK  
1242 N. UNIVERSITY DRIVE  
PLANTATION FL 33322**

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 \_\_\_\_\_ (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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Delete <b>BLOOM, NICHOLAS</b> 700 WILLET AVENUE JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Delete <b>BLOOM, KERRY LYNN</b> 700 WILLET AVENUE JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Delete <b>BLOOM, MERLE</b> 700 WILLET AVENUE JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bloom Nicholas</b> 700 Willet Ave Jupiter, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bloom, Kerri</b> 700 Willet Ave Jupiter, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bloom, Merle</b> 700 Willet Ave Jupiter, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kerri Lynn Bloom Sec.      Kerri Lynn Bloom      01/04/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

061-202-6944

CR2E034 (10/00)