

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90334 024 \*\*\*150.00

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**DOCUMENT # P00000081187**

1. Entity Name  
**ELECTRICAL SERVICES INCORPORATED**



Principal Place of Business  
**115 1 ST STREET  
JUPITER FL 33458**

Mailing Address  
**115 1 ST STREET  
JUPITER FL 33458**

**10110154**



2. Principal Place of Business  
**1530 Cypress DR.**

3. Mailing Address  
**1530 Cypress DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Unit G**

**Unit G**

City & State

City & State

**Jupiter, FL**

**Jupiter, FL**

Zip

Country

Zip

Country

**33469**

**33469**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1036942**

Applied For  
Not Applicable

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

**GREENBERG, JOEL E ESQ.  
FOUNTAINS OF PLANTATION BUSINESS PARK  
1242 N. UNIVERSITY DRIVE  
PLANTATION FL 33322**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BLOOM, NICHOLAS  
700 WILLET AVENUE  
JUPITER FL 33458** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BLOOM, KERRI LYNN  
700 WILLET AVENUE  
JUPITER FL 33458** ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/9/03**

**561-741-4992**

CR2E034 (4/03)