

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90106 049 \*\*\*150.00

**DOCUMENT # P01000014808**

1. Entity Name  
**B, P & S ELECTRIC, INC.**

Principal Place of Business

**PO BOX 354  
 VERNON FL 32462**

Mailing Address

**PO BOX 354  
 VERNON FL 32462**

2. Principal Place of Business

**955 FALLING WATERS ROAD  
 Suite, Apt. #, etc.  
 Chipley, Florida  
 City & State**

3. Mailing Address

**955 FALLING WATERS ROAD  
 Suite, Apt. #, etc.  
 Chipley, Florida  
 City & State**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**593701093**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ODOM, KRISTI M  
 3269 HWY. 90 E.  
 BONIFAY FL 32425**

7. Name and Address of New Registered Agent

Name **BUSH, Thomas M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**955 FALLING WATERS ROAD  
 City Chipley, FL. FL 32428**

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 **Mike Bush** **4-11-02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>D</b>	<b>LAJERREL, WILLARD</b>	<b>PO BOX 354 VERNON FL 32462</b>	<input checked="" type="checkbox"/>
	<b>D</b>	<b>BUSH, THOMAS MICHAEL</b>	<b>478 HWY. 90 CHIPLEY FL 32428</b>	<input type="checkbox"/>
	<b>D</b>	<b>PRIDGEN, JERRY K</b>	<b>PO BOX 581 WEWAHITCHKA FL 32465</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>P/D</b>	<b>BUSH, Thomas Michael</b>	<b>955 FALLING WATERS ROAD Chipley, FL. 32428</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Mike Bush** **4-11-02** **850-638-4167**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)