

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90029 032 ***150.00

0631696 AV

DOCUMENT # P01000029968

1. Entity Name

BAHLER ELECTRICAL CONTRACTING, INC.

Principal Place of Business

**13433 E. SHAWNEE TRAIL
 INVERNESS FL 34450**

Mailing Address

**13433 E. SHAWNEE TRAIL
 INVERNESS FL 34450**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 2862

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

INVERNESS FL.

4. FEI Number

59-3712295

Applied For

Not Applicable

Zip

Country

Zip

34451

Country

USA

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

RUSSELL, R.L.

**105 E. ROBINSON ST., SUITE 540
 ORLANDO FL 32801**

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PRESIDENT
 WILLIAM P. BAHLER
 13433 E. SHAWNEE TRAIL
 INVERNESS FL. 34450**

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**T/S
 ZONA T. BAHLER
 13433 E. SHAWNEE TRAIL
 INVERNESS FL. 34450**

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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: WILLIAM P. BAHLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02

Date

**352
 637-3801**

Daytime Phone #

CR2E034 (9/01)