

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

FILED

2004 FEB 16 AM 10:21

DOCUMENT # P01000035234

1. Entity Name
Bill's Electrical & Computer Service, Inc.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

800029125198
02/20/04--01028--007 **150.00

2. Principal Place of Business

17506 W. Sycamore Dr.

3. Mailing Address

Same

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loxahatchee, FL.

City & State

4. FEI Number

65-1089029

Applied For

Not Applicable

Zip

Country

33470 Palm Beach

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **William Undercuffler**

Street Address (P.O. Box Number is Not Acceptable)

17506 W. Sycamore Dr.

City

Loxahatchee

FL

Zip Code

33470

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **Pres, VP, Sec/Treas**
NAME **William Undercuffler**
STREET ADDRESS **17506 W. Sycamore Dr.**
CITY-ST-ZIP **Loxahatchee, FL 33470**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William Undercuffler, President

2/11/04

790-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03-B (12-02)

BILL'S ELECTRICAL & COMPUTER SERVICE, INC.

17506 W. Sycamore Drive
Loxahatchee, Florida 33470

Phone: (561) 790-0000

June 6, 2003

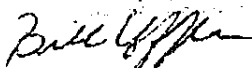
Uniform Business Report
State of Florida Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

With reference to the enclosed Uniform Business Report, please be advised that I was involved in an automobile accident last year and was in the hospital. I did not receive the UBR notices and my corporation was inactivated. I am requesting that the corporation be re-activated and am enclosing the required UBR and filing fee of \$150.00.

Thank you for your consideration.

Sincerely,



Bill Undercuffler
President