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

UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # P01000035234 1. Entity Name					09 MAY 1 1 AM 10: 45	
					09 MAY 11	AN 10: 43
BILL'S ELECTRICAL & COMPUTER SERVICES, INC					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 17506 W SYCAMORE DR		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State LOXAHATCHEE, FL		City & State		4. FEI Number 65-1089029	Applied For Not Applicable	
Zip 33470	Country US	Zip Country		ountry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Nam Name	ne and Address of Current Regi	stered Agent
	MOITE	DITE WILLIAM		NDERCUFFLER		
1958 - おしいのもはをいる姿質・多さ	DO NOT V			Street Add	ress (P.O. Box Number is Not Acc	ceptable)
	IN THIS S	PACE	r Maria. Mag Albaga	,		- <u></u>
	Asimaliya (Ciri) Angariya Angariya			17506 W SYC		Zip Code
				LOXAHATCH	_{EE} FL	• FL
State of Florida.	o entity submits this Lam familiar with, a	s statement for the pur and accept the obligation	rpose of considerated on the constant of the c	changing its reg gistered agent.	istered office or registered agent,	or both, in the
SIGNATURE /	Villan Ill	Dorat Por	-	-		4-30-09
Signa	iture, typed or printed name	e of registered agent and title	e if applicabl	le. (NOTE: Regist	tered Agent signature required when reinsta	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00					9. Election Campaign Financing	\$5.00 May Be
Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Trust Fund Contribution.	Added to Fees
10.	OFFICERS	AND DIRECTORS	11.		, , , , , , , , , , , , , , , , , , , ,	
TITLE NAME	PRES WILLIAM UNDERCLUFFER			TLE		
STREET ADDRESS	17506 W. SYCAM	IORE DR	■ Code to the	REET ADDRESS	9001557767 0\$/11/0901047030	□9 **150.00
CITY-ST-ZIP TITLE	LOXAHATCHEE F	L 33470		TY-ST-ZIP FLE	00/11/03 010+/ 030	**130.00
NAME			10.000000000000000000000000000000000000	ME de la company		
STREET ADDRESS			10.00	REET ADDRESS		
TITLE				TY-ST-ZIP TLE		
NAME STREET ADDRESS			100 of Salation 1 at	ME		
STREET ADDRESS CITY-ST-ZIP			■ 10 March	REET ADDRESS IY-ST-ZIP	DO NOT W	VRITE
TITLE			(STIT	CENTRAL WOR	IN THIS S	PACE
NAME STREET ADDRESS				ME REET ADDRESS		TACL
CITY-ST-ZIP				TY-ST-ZIP		
TITLE NAME			18.00	ILE ME		
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CITY-ST-ZIP TITLE	 			ry-st-zip		
NAME			1.575	LE ME		
STREET ADDRESS			ST	REET ADDRESS		
CITY-ST-ZIP 12. I hereby certify that t	L he information supplied	with this filing does not gu	ualify for the	Y-ST-ZIP e exemption stated	in Section 119.07(3)(i), Florida Statute	s I further
certify that the inform	nation indicated on this r	eport or supplemental repo	ort is true a	and accurate and ti	that my signature shall have the same le	gal effect
as it made under oat Chapter 607 Florida	n; that I am an officer or Statutes: and that my n	director of the corporation	n or the rec	eiver or trustee em	npowered to execute this report as requi address, with all other like empowered.	red by
2p.c. 957, 1 1011dd	(1/0)		o, on an an		auresa, with all other like empowered.	
SIGNATURE:	dother 16			- 11.	4700	
	ATURE AND TYPED C	R PRINTED NAME OF S	SIGNING C	OFFICER OR DIR	ECTOR Date D	aytime Phone #