

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90110 012 ***150.00

DOCUMENT # P01000115683

1. Entity Name
BAN ELECTRICAL, INC.

Principal Place of Business

2139 CANFIELD DR.
SPRING HILL FL 34609

Mailing Address

2139 CANFIELD DR.
SPRING HILL FL 34609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0019301

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

SMITH, JOHATHAN D ESQ
4542 COMMERCIAL WAY
SPRING HILL FL 34606

Name

Bruce Niles

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

2139 CANFIELD DR

City

Spring Hill

FL

Zip Code

34609

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] **BRUCE Niles, President** **2-6-02**

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NILES, BRUCE	
STREET ADDRESS	2139 CANFIELD DR.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE SNOODGRASS	
STREET ADDRESS	7228 LK MAGNOLIA DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacqueline Niles	
STREET ADDRESS	2139 CANFIELD DR	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature] **BRUCE Niles** **2-6-02** **(352) 686-4855**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/01)