

**2003 FOR PROFIT CORPORATION
UNIFORM-BUSINESS-REPORT-(UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90087 014 ***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

☒ **CHECK HERE IF MAKING CHANGES**

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

NILES, BRUCE
2139 CANFIELD DR.
BROOKSVILLE FL 34609

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NILES, BRUCE**
STREET ADDRESS **2139 CANFIELD DR.**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SNODGRASS, GEORGE**
STREET ADDRESS **7228 LK MOGNOLIA DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☒ Change ☐ Addition
NAME **SNODGRASS, GEORGE**
STREET ADDRESS **4240 Raccoon Loop**
CITY-ST-ZIP **New Port Richey FL 34653**

TITLE **S** ☐ Delete
NAME **NILES, JACQUELINE**
STREET ADDRESS **2139 CANFIELD DR**
CITY-ST-ZIP **SPRINGHILL FL 34609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.29.03 (352) 686 4855

CR2E034 (10/02)