

2014 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

14 JUL 17 AM 10:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # P03000138792

1. Entity Name
BOZEMAN ELECTRIC, INC.

Principal Place of Business
**934 RIDGE ROAD
MONTICELLO, FL 32344**

Mailing Address
**934 RIDGE ROAD
MONTICELLO, FL 32344**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

07172014 REIN-P CR2E098 (12/11)

4. FEI Number
20-0417673

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

**BOZEMAN, LONNIE
934 RIDGE ROAD
MONTICELLO, FL 32344**

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 *Lonnie Bozeman*

7/17/2014

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **BOZEMAN, LONNIE**
STREET ADDRESS **934 RIDGE ROAD**
CITY- ST- ZIP **MONTICELLO, FL 32344**

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
700262397597
07/17/14--01012--005 **900.00

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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 exemptions contained in Chapter 119, 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: *Lonnie Bozeman*

7/17/2014

BozemanElectric@yahoo.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

Rg 7/17/14