

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90084 005 ***150.00

DOCUMENT # P940000655581. Entity Name
ELECTROLS, INC.

Principal Place of Business

**14421 BRIDGEVIEW LANE
PORT CHARLOTTE FL 33953**

Mailing Address

**PO BX 1143
P. O. BOX 381143
MURDOCK FL 33938-1143
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0519661

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MILLS, ROBERT
14421 BRIDGEVIEW LANE
PORT CHARLOTTE FL 33953**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

TITLE **V** ☐ Delete
NAME **MILLS, JACK J.**
STREET ADDRESS **53501 STONEHENGE DR**
CITY-ST-ZIP **SHELBY TWP MI**TITLE **ST** ☐ Delete
NAME **MILLS, CHRISTOPHER A.**
STREET ADDRESS **17307 HILLCREST DRIVE**
CITY-ST-ZIP **MACOMB MI 48044**TITLE **P** ☐ Delete
NAME **MILLS, ROBERT J**
STREET ADDRESS **14421 BRIDGEVIEW LANE**
CITY-ST-ZIP **PORT CHARLOTTE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **ROBERT J. MILLS, JR.**
CITY-ST-ZIP **1465 HORSESHOE CIRCLE**
MILFORD, MICH. 48381TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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, will call other like empowered.

SIGNATURE: **ROBERT J. MILLS** **1-29-02** **(941) 764-1286**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)