

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90474 048 \*\*\*158.75

**DOCUMENT # P95000020865**

1. Entity Name

**TRI-SOUTH ELECTRIC INC.**

Principal Place of Business

**146 BOONE ST  
PENSACOLA FL 32505  
US**

Mailing Address

**146 BOONE ST.  
PENSACOLA FL 32505  
US**

2. Principal Place of Business

**49 B Murphy LANE**

Suite, Apt. #, etc.

3. Mailing Address

**49 B Murphy LANE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**PENSACOLA, FL**

Zip  
**32505**

Country  
**USA**

City & State

**PENSACOLA, FL**

Zip  
**32505**

Country  
**USA**

4. FEI Number

**59-3299895**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MILLS, CHRISTIAN M  
146 BOONE ST.  
PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

Name **Mills, Christian M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**49 B Murphy LANE**  
City **PENSACOLA** FL Zip Code **32505**

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 **Christian M. Mills - President**

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MILLS, CHRISTIAN M</b>	
STREET ADDRESS	<b>7161 MCADAM CT.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MILLS, RISIA JEAN</b>	
STREET ADDRESS	<b>7161 MCADAM CT.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, JAMES JR</b>	
STREET ADDRESS	<b>7060 CABRAL</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CALLAWAY, RITA J</b>	
STREET ADDRESS	<b>306 WEST MYRTLE AVE</b>	
CITY-ST-ZIP	<b>FOLEY AL 36535</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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:

**Risa Miles Vice President**

**3/7/01 (850) 287-0017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)