

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90083 027 ***150.00

DOCUMENT # P96000012500

1. Entity Name
BRAD M'S ELECTRIC, INC.



Principal Place of Business
**1551 SOUTHWIND DR
NICEVILLE FL 32578**

Mailing Address
**1551 SOUTHWIND DR
NICEVILLE FL 32578**

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 **59-3362186**

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

**METCALFE, BRADLEY G
1551 SOUTHWIND DR
NICEVILLE FL 32578**

Name

JOHN D. PETERSON

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

912 S. PALM BLVD.

STE. E

City

NICEVILLE

FL

Zip Code

32578

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

John Peterson

04/10/2003

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **METCALFE, BRADLEY G**
STREET ADDRESS **1213 RHONDA DRIVE**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **P** ☒ Change ☐ Addition
NAME **METCALFE, BRADLEY G**
STREET ADDRESS **1551 SOUTHWIND DR**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **VP** ☐ Delete
NAME **KEN BILDSTEIN**
STREET ADDRESS **924 JUNIPER AVE.**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **KENNETH E BILDSTEIN**
STREET ADDRESS **924 JUNIPER AVE.**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **S** ☒ Delete
NAME **ROBERT SHREWSBURY**
STREET ADDRESS **612 KATHLEEN COURT**
CITY-ST-ZIP **NICEVILLE FL**

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/2003 (850)865-0893

Date

Daytime Phone #

CR2E034 (10/02)