

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90077 041 \*\*\*150.00

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**DOCUMENT # P97000027331**

1. Entity Name

**BILLY'S ELECTRICAL SERVICES, INC.**

Principal Place of Business

**951 NE 155TH STREET  
NORTH MIAMI BEACH FL 33162**

Mailing Address

**951 NE 155TH STREET  
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business

**620 W. CHAMINADE DR.**

Suite, Apt. #, etc.

3. Mailing Address

**620 W. CHAMINADE DR.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**HOLLYWOOD, FLORIDA**

City & State

**HOLLYWOOD, FLORIDA**

4. FEI Number

**65-0754251**

Applied For

Not Applicable

Zip

**33021**

Country

Zip

**33021**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FARQUHARSON, EDWARD S**

**951 NE 155TH STREET**

**NORTH MIAMI BEACH FL 33162**

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 NAME STREET ADDRESS CITY-ST-ZIP  
**P FARQUHARSON, KETLIE G  
951 NE 155 ST  
N MIAMI FL 33162** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D FARQUHARSON, EDWARD S  
951 NE 155 ST  
N MIAMI BCH FL 33162** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**P FARQUHARSON, KETLIE G  
620 W. CHAMINADE DR.  
HOLLYWOOD, FL 33021** ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D FARQUHARSON, EDWARDS  
620 W. CHAMINADE R.  
HOLLYWOOD, FL 33021** ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

(204) 261-6251

CR2E034 (9/01)