

FILED
Jan 20, 2006 08:00 AM
Secretary of State

1. Entity Name
BOLLMAN'S ELECTRIC COMPANY



Mailing Address
P.O. BOX 646
LAKE PLACID, FL 33862

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FBI Number
65-0980806

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when terminating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BOLLMAN, TERENCE R
STREET ADDRESS	139 BOREN AVE
CITY - ST - ZIP	LAKE PLACID, FL 33852

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY - ST - ZIP

1800000991656
7/1-24/06 80051-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06 863-697-9296

Date _____

Daytime Phone #