

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090417

1. Entity Name
MIMBS INDUSTRIAL ELECTRICAL SERVICES, INC.

Principal Place of Business
3435 CRAFTSMAN BOULEVARD
LAKELAND FL 33803

Mailing Address
3435 CRAFTSMAN BOULEVARD
LAKELAND FL 33803

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country

Zip Country

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90176 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3605241	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARKER, HAROLD E
5640 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

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 D
NAME MIMBS, WILLIAM H
STREET ADDRESS 3435 CRAFTSMAN BOULEVARD
CITY-ST-ZIP LAKELAND FL 33803

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

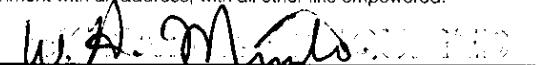
Delete

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

William H. Mimbs 4/30/02 863-665-5040

Date

Daytime Phone #

CR2E034 (9/01)