

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90038 036 ***158.75

DOCUMENT # F00000002306

1. Entity Name
MERIT ELECTRICAL, INC.

Principal Place of Business

PO BOX 86710
 BATON ROUGE LA 70879-6710

Mailing Address

PO BOX 86710
 BATON ROUGE LA 70879-6710

2. Principal Place of Business

17723 Airline

3. Mailing Address

Suite, Apt. #, etc.

City & State

Prairieville La

City & State

Zip Country

70769 USA

4. FEI Number

72-1468338

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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	PD	<input type="checkbox"/> Delete
NAME	CLOY, RICHARD W	
STREET ADDRESS	17723 AIRLINE HIGHWAY	
CITY-ST-ZIP	PRAIRIEVILLE LA 70769	
TITLE	V	<input type="checkbox"/> Delete
NAME	BONNER, CHARLES T	
STREET ADDRESS	17723 AIRLINE HIGHWAY	
CITY-ST-ZIP	PRAIRIEVILLE LA 70769	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MICHALESKI, STEVEN W	
STREET ADDRESS	17723 AIRLINE HIGHWAY	
CITY-ST-ZIP	PRAIRIEVILLE LA 70769	
TITLE	C	<input type="checkbox"/> Delete
NAME	KIRKMAN, RICHARD	
STREET ADDRESS	323 MAIN STREET	
CITY-ST-ZIP	PHILADELPHIA MS 39350	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOSS, ALINDA	
STREET ADDRESS	NO. 1 GULLY AVE.	
CITY-ST-ZIP	PHILADELPHIA MS 39350	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEIDELBERG, MICHAEL	
STREET ADDRESS	NO. 1 GULLY AVE.	
CITY-ST-ZIP	PHILADELPHIA MS 39350	

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:

Steven W. Michaleski
 Sec. / Treas

2/4/02

225-673-8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)