

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005194

1. Entity Name

BAGBY AND RUSSELL ELECTRIC COMPANY, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90053 007 ***150.00

Principal Place of Business

Mailing Address

513 BELTLINE HWY. N.
MOBILE AL 36608

513 BELTLINE HWY. N.
MOBILE AL 36608-1205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0942738

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAINES, THOMAS EDWARD
3732 RAINES STREET
PENSACOLA FL 32514

Name

Thomas E. Andrews

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

3420 La Mancha Way

City

Pensacola

FL

Zip Code

32503

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

Thomas E. Andrews

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: CCEO ☐ Delete
NAME: RUSSELL, FRANKLIN D
STREET ADDRESS: 5551 JAMES MADISON DR. S.
CITY-ST-ZIP: MOBILE AL 36693

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

TITLE: PVC ☐ Delete
NAME: RUSSELL, RICHARD A
STREET ADDRESS: 9320 TALKING LEAVES LANE
CITY-ST-ZIP: MOBILE AL 36695

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

TITLE: DV ☐ Delete
NAME: SMITH, JAMES LARRY
STREET ADDRESS: 102 PRESIDENT JEFFERSON DRIVE
CITY-ST-ZIP: DAUPHIN ISLAND AL 36528

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

TITLE: DST ☐ Delete
NAME: WALKER, PEARL
STREET ADDRESS: 7720 CLIFTON WAY
CITY-ST-ZIP: MOBILE AL 36619

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

TITLE: V ☐ Delete
NAME: HENSLEY, ALBERT C
STREET ADDRESS: 2730 WILLIEDEE CR. N.
CITY-ST-ZIP: SEMMES AL 36575

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

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

Pearl L. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

Date

(334) 344-5981

Daytime Phone #

CR2E034 (9/99)