

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 13, 2001 8:00 am**
Secretary of State

03-13-2001 90074 045 ***150.00

DOCUMENT # F99000005194

1. Entity Name

BAGBY AND RUSSELL ELECTRIC COMPANY, INC.

Principal Place of Business

**513 BELTLINE HWY. N.
MOBILE AL 36608**

Mailing Address

**513 BELTLINE HWY. N.
MOBILE AL 36608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-0942738**

Applied For

Not Applicable

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

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

Mrs. Karen McDonnell

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

15822 77th Trail North

City

Palm Beach Gardens**FL**Zip Code
33418

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

*Karen McDonnell**Karen McDonnell**3-1-01*

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
NAME	RUSSELL, FRANKLIN D	
STREET ADDRESS	5551 JAMES MADISON DR. S.	
CITY-ST-ZIP	MOBILE AL 36693	
TITLE	PVC	<input type="checkbox"/> Delete
NAME	RUSSELL, RICHARD A	
STREET ADDRESS	9320 TALKING LEAVES LANE	
CITY-ST-ZIP	MOBILE AL 36695	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, JAMES LARRY	
STREET ADDRESS	102 PRESIDENT JEFFERSON DRIVE	
CITY-ST-ZIP	DAUPHIN ISLAND AL 36528	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WALKER, PEARL	
STREET ADDRESS	7720 CLIFTON WAY	
CITY-ST-ZIP	MOBILE AL 36619	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENSLEY, ALBERT C	
STREET ADDRESS	2730 WILLIEDEE CR. N.	
CITY-ST-ZIP	SEMMES AL 36575	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6508 Sugar Creek Drive N.	
CITY-ST-ZIP	Mobile, AL 36695	
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:

*Pearl L. Walker***Pearl L. Walker****Secretary/Treasurer****3/8/01****(334) 344-5987**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)