

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000027209

1. Entity Name

Hart Electrical Construction, Inc. (R)

FILED

00 JUN 26 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3662 S. Hwy 301
Suite, Apt. #, etc.

3. Mailing Address

3662 S. Hwy 301
Suite, Apt. #, etc.

6/19/00 90004/008 \$150.00
DO NOT WRITE IN THIS SPACE

City & State

Bushnell, FL

City & State

Bushnell, FL

4. FEI Number

58-2314006

Applied For

Not Applicable

Zip

33513

Country

Sumter

Zip

33513

Country

Sumter

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Roberta L. Angarano
3662 S. Hwy 301
Bushnell, FL 33513

7. Name and Address of New Registered Agent

Name N/A
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 Roberta L. Angarano Roberta L. Angarano 6/1/00
Signature, typed or printed name of registered agent and 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, 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

TITLE	President/Director	☐ Delete
NAME	Roberta Angarano	
STREET ADDRESS	3662 S. Hwy 301	
CITY-ST-ZIP	Bushnell, FL 33513	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(l), 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: Roberta L. Angarano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/00 (352)793-5006
Date Daytime Phone #

CR2E034 (9/99)