

**02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV 15 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037085
1. Entity Name Aaron's Electric Inc.
Aaron C Hippensteal II

DO NOT WRITE IN THIS SPACE

200009021792
11/15/02--01051--004 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
747 N Ridge Rd
Suite, Apt. #, etc.
City & State
Zip Country
Eastpoint FL
32328

3. Mailing Address
P.O. Box 662
Suite, Apt. #, etc.
City & State
Zip Country
Eastpoint FL
32328

4. FEI Number 59 3443470 Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Aaron C Hippensteal
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 662
747 N Ridge Rd
City Eastpoint FL Zip Code 32328

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 Aaron C. Hippensteal II DATE 11/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Aaron C Hippensteal</u> <u>747 N Ridge Rd</u> <u>Eastpoint FL 32328</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>James Swartz</u> <u>P.O. Box 662 Hwy 98</u> <u>Eastpoint FL 32328</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Ched Custer</u> <u>116 Squire Rd</u> <u>Apalachicola FL 32320</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Aaron C. Hippensteal II DATE 11/12/02 850/670/4508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)