

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2003 8:00 am**  
**Secretary of State**

09-19-2003 90002 002 \*\*\*558.75

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DOCUMENT # **P97000037085**

1. Entity Name  
**AARONS ELECTRIC SERVICE, INC.**



Principal Place of Business  
**747 NORTH RIDGE RD  
EASTPOINT FL 32328**

Mailing Address  
**P O BOX 679  
EASTPOINT FL 32328  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3443470**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIPPENSTEAL, AARON C II  
747 NORTH RIDGE RD  
EASTPOINT FL 32328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Aaron C Hippensteal II* **Aaron C Hippensteal II** **9/18/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **P HIPPENSTEAL, AARON**  
STREET ADDRESS **747 N RIDGE RD**  
CITY-ST-ZIP **EAST POINT FL 32328**

TITLE  Change  Addition  
NAME **Brad L. Shiver**  
STREET ADDRESS **743 N Ridge Rd**  
CITY-ST-ZIP **East Point FL 32328**

TITLE  Delete  
NAME **V GRAGG, CHRIS**  
STREET ADDRESS **PO BOX 6621 HWY 98**  
CITY-ST-ZIP **EASTPOINT FL 32328**

TITLE  Change  Addition  
NAME **S Scott HARPER**  
STREET ADDRESS **9110th Street**  
CITY-ST-ZIP **Apalachicola FL 32320**

TITLE  Delete  
NAME **S CUSTER, CHAD**  
STREET ADDRESS **1116 SQUIRE RD**  
CITY-ST-ZIP **APALACHICOLA FL 32320**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE: *Aaron C Hippensteal II* **Aaron C Hippensteal II** **9/18/03** **850-670-4508**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)