

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90132 019 ***150.00

DOCUMENT # P98000046137

1. Entity Name
KEVIN F. HATTON ELECTRIC, INC.

Principal Place of Business Mailing Address
4209 NW 120TH LANE **4209 NW 120TH LANE**
SUNRISE FL 33323 **SUNRISE FL 33323**

2. Principal Place of Business 3. Mailing Address
6065 N.W. 75th Ct. **6065 N.W. 75th Ct.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Parkland, FL. **Parkland, FL.**
 Zip Country Zip Country
33067 **U.S.A.** **33067** **U.S.A.**

4. FEI Number Applied For
65-0840916 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HATTON, KEVIN F
4209 NW 120TH LANE
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name **Kevin F. Hatton**
 Street Address (P.O. Box Number is Not Acceptable)
6065 N.W. 75th Ct.
 City **Parkland** FL Zip Code **33067**

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 *Kevin F. Hatton* DATE 02/09/02
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P HATTON, KEVIN F 4209 NW 120TH LANE SUNRISE FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kevin F. Hatton 6065 N.W. 75th Ct. Parkland, FL. 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kevin F. Hatton* DATE 02/09/02 DAYTIME PHONE # 954-520-9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)