

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90043 001 ***150.00
 01-10-2001 90043 002 *****8.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # G04920 1. Entity Name HORTON & JONES ELECTRICAL CONTRACTORS, INC.																											
Principal Place of Business 1225 N.E. 24TH ST. WILTON MANORS FL 33305		Mailing Address 1225 N.E. 24TH ST. WILTON MANORS FL 33305																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number 59-2312166		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent MAY, MEACHAM & PA NATIONSBANK TOWER SUITE 2602 ONE FINANCIAL PLAZA FORT LAUDERDALE FL 33394		7. Name and Address of New Registered Agent 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.																											
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 State																									
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS																									
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <u>THOMAS P. JONES</u> <u>1/4/01</u> <u>954-564-4220</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											

CR2E034 (10/00)