

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000000568**

1. Entity Name

**HI-TECH INDUSTRIAL CONSTRUCTION, INC.**

Principal Place of Business

**400 AVIATION PLAZA  
HOT SPRINGS AR 71913**

Mailing Address

**400 AVIATION PLAZA  
HOT SPRINGS AR 71913**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **62-1704570**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title 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, 2001 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BRIDGES, B.J.	201 DOTTIE ST	HOT SPRINGS AR 71901						
	VP			<input type="checkbox"/> Delete		Director			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	KENNEDY, RUSSELL	723 ROCK CREEK ROAD	HOT SPRINGS AR 71913			Kennedy, Russell	723 Rock Creek Road	Hot Springs, Ar 71913	
	S			<input type="checkbox"/> Delete		Director			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	RAYBON, CHRIS	737 OLD BRUNDAGE ROAD	HOT SPRINGS AR 71913			Chris Raybon	737 Old Brundage Rd.	Hot Springs, AR 71913	
	T			<input type="checkbox"/> Delete		Director			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	CONRY, PAT	304 REDBIRD PLACE	HOT SPRINGS AR 71913			Conry, Pay	304 Redbird Place	Hot Springs, Ar 71913	
				<input type="checkbox"/> Delete		VP,S,T			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
						Larry Horn	200 Hamilton Oaks Dr., Unit K-2	Hot Springs, AR 71913	
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**B.J. Bridges, Pres 3/22/01 501-760-1100**

Date

Daytime Phone #

**FILED  
Mar 27, 2001 8:00 am  
Secretary of State**

03-27-2001 90057 016 \*\*\*150.00

**00029033**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)