## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 06, 2002 8:00 am § Secretary of State DOCUMENT # F99000000568 1. Entity Name 03-06-2002 90053 044 \*\*\*150.00 HI-TECH INDUSTRIAL CONSTRUCTION, INC. Principal Place of Business Mailing Address **400 AVIATION PLAZA** 400 AVIATION PLAZA HOT SPRINGS AR 71913 HOT SPRINGS AR 71913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 62-1704570 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Addition NAME BRIDGES, B.J. NAME STREET ADDRESS STREET ADDRESS 201 DOTTIE ST CITY-ST-ZIP HOT SPRINGS AR 71901 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change D NAME NAME KENNEDY, RUSSELL STREET ADDRESS STREET ADDRESS 723 ROCK CREEK ROAD CITY-ST-ZIP CITY-ST-ZIP HOT SPRINGS AR 71913 TITLE TİTLE ☐ Change ☐ Addition Delete NAME NAME RAYBON, CHRIS STREET ADDRESS STREET ADDRESS 737 OLD BRUNDAGE ROAD CITY-ST-ZIP CITY-ST-ZIP HOT SPRINGS AR 71913 TITLE Delete X Change ☐ Addition Pat Conry 304 Redbird Pl. NAME NAME CONRY, PAY STREET ADDRESS STREET ADDRESS 304 REDBIRD PLACE Hot Springs, AR 71913 CITY-ST-ZIP HOT SPRINGS AR 71913 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME HORN, LARRY STREET ADDRESS STREET ADDRESS 200 HAMILTON OAKS DR UNIT K-2 CITY-ST-ZIP CITY-ST-ZIP HOT SPRINGS AR 71913 TITLE Delete ☐ Change TITLE . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

501-760-1100

**FILED**