

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 568980

1. Entity Name

RICHARDSON ELECTRICAL CONTRACTORS, INC.

Principal Place of Business

701 S.W. 18TH COURT  
FORT LAUDERDALE FL 33315-2041

Mailing Address

701 S.W. 18TH COURT  
FORT LAUDERDALE FL 33315-2041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, STEPHEN  
701 S.W. 18TH COURT  
FORT LAUDERDALE FL

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 PD  
NAME RICHARDSON, STEPHEN D ☐ Delete  
STREET ADDRESS 701 S W 18TH CT  
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE STD  
NAME RICHARDSON, HENRY C ☒ Delete  
STREET ADDRESS 1241 N 74TH HWY  
CITY-ST-ZIP HOLLYWOOD, FL 00000

TITLE *Richardson Sarah*  
NAME *701 SW 18th* ☐ Delete  
STREET ADDRESS *FT Laud FL*  
CITY-ST-ZIP *33315*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Sarah Richardson* ☐ Change ☒ Addition  
NAME *701 SW 18th*  
STREET ADDRESS *FT Laud, FL*  
CITY-ST-ZIP *33315*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-10-2001 90143 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1838906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (10/00)

0258806