

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90087 039 ***158.75

DOCUMENT # 635722

1. Entity Name
HUETTIG ELECTRIC, INC.

Principal Place of Business 324 MONROE STREET PO BOX 87 DUNEDIN FL 34698	Mailing Address 324 MONROE STREET PO BOX 87 DUNEDIN FL 34698-5740
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100004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1935070	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent
**SAUER, KIMBERLY H
 1170 IDLEWOLD DR. N.
 DUNEDIN FL 34698**

7. Name and Address of New Registered Agent
 Name **Kimberly H Greenleaf**
 Street Address (P.O. Box Number is Not Acceptable) **1170 Idlewild Dr N.**
 City **Dunedin** FL **34698**

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 **Kimberly H Greenleaf** **Kimberly H Greenleaf, vice pres** 1/17/00
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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE VD	SAUER, KIMBERLY H	<input type="checkbox"/> Delete
STREET ADDRESS	1170 IDLEWILD DR., N	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUETTIG, MELBA L.	
STREET ADDRESS	1143 IDLEWILD DR.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAM D. HUETTIG	
STREET ADDRESS	499 HAMMOCK DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Kimberly H Greenleaf	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Kimberly H Greenleaf** 1/17/00 727-736-1447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)