

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90061 034 \*\*\*158.75

0428313

**DOCUMENT # 635722**

1. Entity Name  
**HUETTIG ELECTRIC, INC.**

Principal Place of Business <b>324 MONROE STREET          PO BOX 87          DUNEDIN FL 34698</b>	Mailing Address <b>324 MONROE STREET          PO BOX 87          DUNEDIN FL 34698</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1935070**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREENLEAF, KIMBERLY H  
 1170 IDLEWOOD DR. N  
 DUNEDIN FL 34698**

Name **Kimberly H Greenleaf**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1170 Idlewild Dr**  
 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** **1/23/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD NAME GREENLEAF, KIMBERLY STREET ADDRESS 1170 IDLEWILD DR., N CITY-ST-ZIP DUNEDIN FL	<input type="checkbox"/> Delete	TITLE <del>VD</del> NAME Kimberly H Greenleaf STREET ADDRESS 1170 IDLEWILD DR., N CITY-ST-ZIP DUNEDIN FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME HUETTIG, MELBA L STREET ADDRESS 1143 IDLEWILD DR. CITY-ST-ZIP DUNEDIN FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME WILLIAM D. HUETTIG STREET ADDRESS 499 HAMMOCK DRIVE CITY-ST-ZIP PALM HARBOR FL	<input type="checkbox"/> Delete	TITLE P/D NAME William D Huethig STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **Kimberly H Greenleaf** **Kimberly H. Greenleaf** **1/23/01** **732-36-1447**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)