

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 645143

1. Entity Name
HOPPER ELECTRIC SUPPLY, INC.

Principal Place of Business
9122 EDEN AVENUE
HUDSON FL 34667

Mailing Address
9122 EDEN AVENUE
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1939470

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

HOPPER, ALLEN B, SR
12006 VANDALIA DR.
HUDSON FL 34667

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	HALE, FRED	
STREET ADDRESS	5369 PARK BLVD.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	HOPPER, BETTY IRENE	
STREET ADDRESS	12006 VANDALIA DR.	
CITY-ST-ZIP	HUDSON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOPPER, ALLEN B, SR	
STREET ADDRESS	12006 VANDALIA DR.	
CITY-ST-ZIP	HUDSON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUPERCZYNSKI, KATHLEEN	
STREET ADDRESS	6018 CURTIER DR - UNIT D	
CITY-ST-ZIP	ALEXANDRIA VA 22310-5119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, FRED	
STREET ADDRESS	5650 PARK BLVD, SUITE 1	
CITY-ST-ZIP	PINELLAS PARK, FL 33781-3354	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/01

813-868-1220

Date

Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90030 044 ***550.00

00073337



DO NOT WRITE IN THIS SPACE

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