

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90056 040 \*\*\*150.00

0542202  
 AV

**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**

**B0063300**



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

**59-1939470**

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

**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 \$150.00  
 After May 1, 2002 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HALE, FRED</b>	
STREET ADDRESS	<b>5369 PARK BLVD.</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>HOPPER, BETTY IRENE</b>	
STREET ADDRESS	<b>12006 VANDALIA DR.</b>	
CITY-ST-ZIP	<b>HUDSON FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOPPER, ALLEN B, SR</b>	
STREET ADDRESS	<b>12006 VANDALIA DR.</b>	
CITY-ST-ZIP	<b>HUDSON FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SUPERCZYNSKI, KATHLEEN</b>	
STREET ADDRESS	<b>6018 CURTIER DR - UNIT D</b>	
CITY-ST-ZIP	<b>ALEXANDRIA VA 22310-5119</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HALE, FRED</b>	
STREET ADDRESS	<b>5650 PARK BLVD, SUITE #1</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33781-3354</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**727-868-1220**

CR2E034 (9/01)