

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019042 AB

DOCUMENT # B00000000236

1. Entity Name

HOUSTON-STAFFORD ELECTRICAL CONTRACTORS L.P.

Principal Place of Business

10203 MULA CIRCLE  
STAFFORD TX 77477

Mailing Address

10203 MULA CIRCLE  
STAFFORD TX 77477

FILED  
01 MAR -6 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

☒ 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M00000001593  
NAME HOUSTON-STAFFORD MANAGEMENT LLC  
STREET ADDRESS PO BOX 947  
CITY-ST-ZIP STAFFORD TX

STREET ADDRESS  
CITY-ST-ZIP 0000003828950-0  
-03/09/01--01118--003  
\*\*\*150.00 \*\*\*150.00

DOCUMENT #  
NAME NIX, RICHARD A  
STREET ADDRESS 1722 LAKEBEND  
CITY-ST-ZIP SUGARLAND TX

STREET ADDRESS  
CITY-ST-ZIP 77478

DOCUMENT #  
NAME WILKS II, WILLIAM E  
STREET ADDRESS 2426 WEATHERFORD  
CITY-ST-ZIP PEARLAND TX

STREET ADDRESS  
CITY-ST-ZIP 77584

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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NAME  
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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/27/01

Date

281-498-2212

Daytime Phone #

CR2E003 (11/00)