

2002 UNIFORM BUSINESS REPORT (UBR)

0020314 AB

DOCUMENT # B00000000236

1. Entity Name

HOUSTON-STAFFORD ELECTRICAL CONTRACTORS L.P.

FILED

02 FEB -1 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10203 MULA CIRCLE
STAFFORD TX 77477

Mailing Address

10203 MULA CIRCLE
STAFFORD TX 77477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

52-2127837

APPLIED FOR

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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

DOCUMENT # NIX, RICHARD A
NAME 1722 LAKEBEND
STREET ADDRESS SUGARLAND TX 77478
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700004890427--3
02/07/02-01055-018
****150.00 ****150.00

DOCUMENT # WILKS II, WILLIAM E
NAME 2426 WEATHERFORD
STREET ADDRESS PEARLAND TX 77584
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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

Date

Daytime Phone #

1/14/02 (281) 498-2212

CR2E003 (9/01)

STAPLE CHECK HERE