

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90693 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000 159 ✓

1. Entity Name

Process Instrumentation & Electrical, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4817 Andrews Hwy

Suite, Apt. #, etc.

3. Mailing Address

PO Box 7705

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Odessa TX

City & State

Odessa TX

4. FEI Number

75-1894110

Applied For

Not Applicable

Zip

79762

Country

US

Zip

79760-7705

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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	NAME	STREET ADDRESS	CITY - ST - ZIP
President	Willingham, Leon	4817 Andrews Hwy	Odessa TX 79762
Vice President	Jones, Lewis	4817 Andrews Hwy	Odessa TX 79762
Secretary	Clement, Kimberly	4817 Andrews Hwy	Odessa TX 79762

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly Clement

Kimberly Clement 5-1-02

915-367-7743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)