

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90499 031 ***150.00

DOCUMENT # F94000002369

1. Entity Name

HYLAN ELECTRICAL CONTRACTING INC.

Principal Place of Business

**2878 GULF AVENUE
 STATEN ISLAND NY 10303
 US**

Mailing Address

**2878 GULF AVENUE
 STATEN ISLAND NY 10303
 US**

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

13-3561498

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILLIAMS, DAN
 8046 OLD COUNTRY RD
 NEW PORT RICHEY FL 34853**

7. Name and Address of New Registered Agent

Name **WILLIAMS, DAN**
 Street Address (P.O. Box Number is Not Acceptable)
9525 DANTEL DRIVE
 City **NEW PORT RICHEY** **FL** Zip Code **34654**

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 *Danny Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P DILEO, JOHN S**
 STREET ADDRESS **43 CRANFORD AVE.**
 CITY-ST-ZIP **STATEN ISLAND NY 10306**

TITLE Change Addition
 NAME **P DILEO, JOHN S.**
 STREET ADDRESS **100 ROMER ROAD**
 CITY-ST-ZIP **STATEN ISLAND, NY 10312**

TITLE Delete
 NAME **ST PATERNO, MICHAEL J**
 STREET ADDRESS **6 MAPLE AVE.**
 CITY-ST-ZIP **KATONAH NY 10536**

TITLE Change Addition
 NAME **ST PATERNO, MICHAEL J.**
 STREET ADDRESS **128 MISTOVER WAY**
 CITY-ST-ZIP **PAWLING, NY 12564**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 reports 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

Daytime Phone #

CR2E034 (9/01)