

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 SEP 16 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96833

1. Entity Name

H.L.R. ELECTRIC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4610 S.W. 28 WAY

Suite, Apt. #, etc.

3. Mailing Address

4610 S.W. 28 WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DANIA, FL

City & State

DANIA, FL

4. FEI Number

59-2225261

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RONALD Lee Johnson

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

4610 S.W. 28 WAY

City

DANIA

FL

Zip Code

33312

**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

Ronald Lee Johnson

RONALD Lee Johnson, DIRECTOR

9/6/02

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 - TREASURER HEDY JOHNSON 4610 S.W. 28 WAY DANIA FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONALD L. JOHNSON DIRECTOR 4610 S.W. 28 WAY DANIA, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600007779996--7 -09/17/02--01001--010 ****408.75 ****365.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY R. JOHNSON VICE-PRESIDENT 4610 S.W. 28 WAY DANIA, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600007779996--7 -09/17/02--01001--011 ****185.00 ****185.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP 9/16/02

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 persons empowered.

SIGNATURE:

Hedy Johnson HEDY JOHNSON

9/6/02

954-962-7903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)