

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90234 023 ***558.75

01042 3 AT

DOCUMENT # G86452

1. Entity Name
JAMES D. HINSON ELECTRICAL CONTRACTING COMPANY,

Principal Place of Business: **11609 COLUMBIA PARK DR. W. JACKSONVILLE FL 32258**
 Mailing Address: **11609 COLUMBIA PARK DR. W. JACKSONVILLE FL 32258**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **59-2385218** 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
HINSON, JAMES D.
3635A RACETRACK RD
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	
T NAME: HINSON, SHIRLEY M. STREET ADDRESS: 3635A RACE TRACK RD CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 953 Lew Blvd. CITY-ST-ZIP: St. Augustine, FL 32080	
P NAME: HINSON, JAMES D., JR. STREET ADDRESS: 3635A RACE TRACK RD CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 953 Lew Blvd. CITY-ST-ZIP: St. Augustine, FL 32080	
V NAME: HINSON, ROBERT D. STREET ADDRESS: 1729 HEATHERWOOD DR CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
V NAME: HINSON, J. DANIEL STREET ADDRESS: 1397 ROBERTS ROAD CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S NAME: MCCOY, JAMEY J. STREET ADDRESS: 3635 RACE TRACK ROAD CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 20 Magnolia Dunes Circle CITY-ST-ZIP: St. Augustine Beach, FL 32080	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jamey McCoy **7/26/2001** (904) 262-3805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)