

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90061 004 ***150.00

DOCUMENT # K10297

1. Entity Name

A & H ELECTRICAL SERVICES, INC.

Principal Place of Business

**P O BOX 82981
 TAMPA FL 33682-9981**

Mailing Address

**P O BOX 82981
 TAMPA FL 33682-9981**

2. Principal Place of Business

PO BOX 82981

3. Mailing Address

PO BOX 82981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-2940606

Applied For

Not Applicable

Zip

Country

33682-2981

USA

Zip

Country

33682-2981

USA

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

HIMES, CHARLES A.

14915 N NEBRASKA AVE

TAMPA FL 33613

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.

(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) ☐

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 **PDTS**
 STREET ADDRESS **HIMES, CHARLES A.**
 CITY-ST-ZIP **2829 LUTZ LAKE FERN ROAD**
LUTZ FL

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **HIMES, CHARLES A.**
 CITY-ST-ZIP **2829 LUTZ LAKE FERN ROAD**
LUTZ, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **TS**
 STREET ADDRESS **HIMES, BARBARA A.**
 CITY-ST-ZIP **2829 LUTZ LAKE FERN ROAD**
LUTZ, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 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 I am empowered.

SIGNATURE:

CHARLES A. HIMES

3/21/02 813-972-3880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)