

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

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-28-2004 90225 030 ***150.00

DOCUMENT #
1. Entity Name
Aikens & Harris Electrical Inc
PO1000054751

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4307 E Idlewild ave</u> Suite, Apt. #, etc. <u>Tampa</u> City & State <u>FL</u> Zip <u>33610</u> Country <u>Hillsbar</u>		3. Mailing Address <u>4307 E Idlewild ave</u> Suite, Apt. #, etc. <u>Tampa</u> City & State <u>FL</u> Zip <u>33610</u> Country <u>Hillsbar</u>	
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66424984

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-2764822</u>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Edward C Aikens</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>4516 Porposie Drive</u>	
	City <u>Tampa FL</u>	Zip Code <u>33617</u>

8. The above named entity, submit 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>David L Harris</u> <u>4307 E Idlewild ave</u> <u>Tampa FL 33610</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vic President</u> <u>Edward C Aikens</u> <u>4516 Porposie Drive</u> <u>Tampa FL 33617</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: David L Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 20 04 813 621 2256
Date Daytime Phone #

CR2E034B (12/01)