FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90386 022 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
1. Entity Name Aikens & Harris Electrical-Inc
P01000054751

DO NOT WRITE IN THIS SPACE

40075005

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2. Principal Place of Business	3. Mailing Address
4307 E Idle wild	4307 E Idle Wild ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl	City & State: Tampa Fl
Zip: 33610 Country: Hillsbor	Zip: 33610 Country: Hillsbor

4. FEI Number 592764822 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Edward C Aikens
Street Address (P.O. Box Number Is Not Acceptable) 4516 porposie Drive
City Tampa Fl **FL** Zip Code 33617

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) ☐

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	Presedand	TITLE	
NAME	David L Harris	NAME	
STREET ADDRESS	4307 E Idle wild	STREET ADDRESS	
CITY-ST-ZIP	Tampa Fl 33610	CITY-ST-ZIP	
TITLE	Vic Presedand	TITLE	
NAME	Edward C Aikens	NAME	
STREET ADDRESS	4516 porposie Drive	STREET ADDRESS	
CITY-ST-ZIP	Tampa Fl 33617	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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] 4 27 06 8136212256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #