


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90062 048 \*\*\*550.00

**DOCUMENT # P02000003386**

1. Entity Name  
**HER-WAY UTILITIES CONSTRUCTION, INC.**



Principal Place of Business  
**7418 S BLACKBERRY STREET  
HOMOSASSA, FL 34446**

Mailing Address  
**7418 S BLACKBERRY STREET  
HOMOSASSA, FL 34446**

2. Principal Place of Business  
**6700 N. Tallahassee Rd.**

3. Mailing Address  
**6700 N. Tallahassee Rd.**

Suite, Apt. #, etc.

City & State  
**Crystal River, FL**

City & State  
**Crystal River, FL**

Zip  
**34428**

Country  
**Citrus**

Zip  
**34428**

Country  
**Citrus**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**04-358641**

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

6. Name and Address of Current Registered Agent  
**SCHIPPERS, RICHARD K  
7418 S BLACKBERRY STREET  
HOMOSASSA, FL 34446**

7. Name and Address of New Registered Agent  
Name **Richard K. Schippers**  
Street Address (P.O. Box Number is Not Acceptable)  
**6700 N. Tallahassee Rd.**  
City **Crystal River** FL Zip Code **34428**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$650.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LINTON, RUTHANNE 13183 CITRUS WAY BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHIPPERS, RICHARD 7418 S BLACKBERRY STREET HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Schippers, Richard K. 6700 N. Tallahassee Rd. Crystal River, FL 34428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE** \_\_\_\_\_ **6-13-03 (352)795-1139**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)