2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000027242

1. Entity Name

ELECTRICAL CONSULTANTS OF HILLSBOROUGH, INC.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90489 028 ***150.00

				VE TRE			
	ce of Business BLOOMINGDALE AVE., #244 FL 33511		Mailing Address 809 EAST BLOOMINGDALE AVE #244 BRANDON FL 33511				
2. Principal	Place of Business	3. Mailing Address	s				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		···· ,	4. FEI Number		
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional		
	6. Name and Address of Curr	ent Registered Agent	_ · _/		Fee Required 7. Name and Address of New Registered Agent		
				Name	7. Name and Address of New Registered Agent	—	
HAYDEN: JOE					ı		
809 EAST BLOOMINGDALE AVE., #244				Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	N FL 33511		·			—	
. DIVINOC			Ĺ			[
				City	Zip Code		
8: The above	a named entity submits this statemen	nt for the nurgose of chang	nina its registere	d office or register	red agent, or both, in the State of Florida. I am familiar with, and ac		
the obliga	tions of registered agent.	The trie purpose of critical	gg no rogiotoro	a onice of register		cept	
515111					•	İ	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature required	d when reinstating) DATE	- [
					T		
	TLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.				9. Election Campaign Financing \$5.00 Max	. Bo	
Make Check	k Payable to Florida Departmen	ut of State			Trust Fund Contribution. Added to Fe		
10.		ND DIRECTORS					
TITLE	D OFFICERS A		11.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	HAYDEN, JOE	☐ Delet	e TITLE NAME	İ	Change A	ddition	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP BRANDON FL 33511			CITY-S				
TITLE	DIVANDON 1E 30311	F*1		31-217	44.4		
NAME		Delet			Change A	ddition i	
STREET ADDRESS			NAME	T ADDRESS		Ì	
CITY-ST-ZIP			CITY-S	1		1	
TITLE						<u> </u> .	
NAME		☐ Delete		ŀ	☐ Change ☐ Ac	ddition	
STREET ADDRESS			NAME	ADDRECE	•	1	
CITY-ST-ZIP	and the second of the second of the second		CITY-S	ADDRESS	O V- Land of the state of the s		
TITLE	<u>. </u>						
NAME		☐ Delete			☐ Change ☐ Ac	ddition	
STREET ADDRESS			NAME	ADDRESS			
CITY-ST-ZIP			STREET CITY-S	ADDRESS	•		
			■ UIIT-5	1-ZIF I		1	

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIVATED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

12.26-2003

Daytime Phone #

☐ Change

Change

☐ Addition

☐ Addition