

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90170 015 ***150.00

DOCUMENT # P93000077121

1. Entity Name
EMPIRE ELECTRICAL SERVICES, INC.



Principal Place of Business
316 OLEANDER WAY
CASSELBERRY FL 32707
US

Mailing Address
P.O. BOX 181183
CASSELBERRY FL 32718-1183

2. Principal Place of Business

318 Oleander Way

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State
Casselberry, FL

City & State

4. FEI Number 59-3201495

Applied For
Not Applicable

Zip
32707

Country
USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HODGES, JEFFREY B
316 OLEANDER WAY
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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. 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

4/09/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE PD
NAME HODGES, JEFFREY B
STREET ADDRESS 526 LAKESHORE CIRCLE
CITY-ST-ZIP LAKE MARY FL 32707

☐ Delete

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/03

Date

407-830-1010

Daytime Phone #

CR2E034 (10/02)