

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90438 004 ***150.00

DOCUMENT # P95000055082

1. Entity Name
HASS ELECTRIC, INC.



Principal Place of Business
**4776 RADIO ROAD, SUITE 805
NAPLES FL 34109**

Mailing Address
**4776 RADIO ROAD, SUITE 805
NAPLES FL 34109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0608416**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLOSKI, LARRY R
5419 19TH PLACE, SW
NAPLES FL 34116**

Name **LARRY R. PLOSKI**

Street Address (P.O. Box Number is Not Acceptable)

4776 Radio Road # 804

City **NAPLES**

FL

Zip Code **34104**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-03

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HASS, GARY J.	
STREET ADDRESS	5866 10TH AVE S.W.	
CITY-ST-ZIP	NAPLES FL 34166	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN P. BARNES	
STREET ADDRESS	3760 25TH AVE SW.	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	LARRY R. PLOSKI	
STREET ADDRESS	5419 19TH PLACE SW	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ROBERT PLOSKI	
STREET ADDRESS	11040 TRINITY PLACE	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	DAVID J. HASS	
STREET ADDRESS	19200 TODD ROAD	
CITY-ST-ZIP	PETERSBURG MI 49270	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **LARRY R. PLOSKI** **4-17-03**

239-353-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)