

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
 04-22-2000 90014 029 ***150.00

DOCUMENT # P97000069932


1. Entity Name
JOHN C. HESS ELECTRICAL CONTRACTING, INC.

Principal Place of Business	Mailing Address
910 S.W. VERSAILLES PORT ST. LUCIE FL 34953	910 S.W. VERSAILLES PORT ST. LUCIE FL 34953-3260

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

C'0068909



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0782612	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

HESS, JOHN C
910 S.W. VERSAILLES
PORT ST. LUCIE FL 34953

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.

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HESS, JOHN C		NAME		
STREET ADDRESS	910 S.W. VERSAILLES		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34953		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HESS, JOANN		NAME		
STREET ADDRESS	910 S.W. VERSAILLES		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34953		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HESS, STEVEN J		NAME		
STREET ADDRESS	457 S.W. DALTON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34953		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John C. Hess* **John C. Hess Pres.** **4-7-00** **(561) 336-8888**

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