

2000 UNIFORM BUSINESS REPORT (UBR)

0563221

DOCUMENT # P97000105891

1. Entity Name

H.P.S. ELECTRIC, INC.

FILED

00 JAN 13 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

815 SHADOW LN
FT WALTON BCH FL 32547

815 SHADOW LN
FT WALTON BCH FL 32564-0425

2. Principal Place of Business

4553 LOG LAKE ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 425

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLT, FL

City & State

HOLT, FL

4. FEI Number

59-3481795

Applied For

Not Applicable

Zip

32564

Country

USA

Zip

32564

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Spiegel & Utrera, P.A.

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

City Coral Gables

FL

Zip Code 33134

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.

By: *Natalia Utrera*

SIGNATURE *Natalia Utrera, Vice President*

DATE 1/11/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HERRIN, ROBERT A
STREET ADDRESS 4360 COOPER LN
CITY-ST-ZIP HOLT FL 32564 ☐ Delete

TITLE VD
NAME STUCKEY, ARTHUR L
STREET ADDRESS 4825 CHAPPERAL ST
CITY-ST-ZIP CRESTVIEW-FL 32539 ☐ Delete

TITLE STD
NAME PARKER, JOHNNY L
STREET ADDRESS P.O. BOX 63
CITY-ST-ZIP HOLT FL 32564 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Robert A. Herrin* Robert A. Herrin 1-5-2000 850-537-2014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

014 19/99

CF

KE