

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105891

1. Entity Name

H.P.S. ELECTRIC, INC.

Principal Place of Business

Mailing Address

4553 LOG LAKE ROAD
HOLT FL 32564

P.O. BOX 425
HOLT FL 32564

2. Principal Place of Business

236 APLIN RD.

3. Mailing Address

P.O. Box 217

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESTVIEW FL

City & State

CRESTVIEW FL

Zip

32539

Country

USA

Zip

32536

Country

USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

4. FEI Number

59-3481795

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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)

FILE NOW!!! FEE IS \$150.00
After MAY-1, 2001 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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/ST/D
NAME HERRIN, ROBERT A.
STREET ADDRESS 4360 COOPER LANE
CITY-ST-ZIP HOLT, FL 32564

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1-19-01

850-423-1372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91333 042 ***150.00



DO NOT WRITE IN THIS SPACE