

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000043132**

1. Entity Name
H & D ELECTRIC, INC.



Principal Place of Business
18485 SW 79 COURT
MIAMI FL 33157

Mailing Address
P. O. BOX 998766
MIAMI FL 33299

2. Principal Place of Business
8213 N.W. 30th Terr. Mailing Address
(Same)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
Miami, FL

Zip **33122** Country **U.S.**

Zip

Country

4. FEI Number **65-0837405** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HALLGREN, ARTHUR J
18485 SW 79 COURT
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name **Arthur J Hallgren**

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

8213 N.W. 30th Terrace

City **Miami**

FL

Zip Code **33122**

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

1/10/03

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 **PTD** Delete
NAME **HALLGREN, ARTHUR J**
STREET ADDRESS **18485 SW 79 COURT**
CITY-ST-ZIP **MIAMI FL 33157**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President / Treasurer/Secretary** Change Addition
NAME **Martene Hallgren**
STREET ADDRESS **18485 SW 79 Ct**
CITY-ST-ZIP **Miami, FL 33157**

TITLE Delete
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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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Daytime Phone #

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90202 041 ***163.75



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)