

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

FILED

02 NOV -5 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000048988
1. Entity Name
DUSTY'S ELECTRICAL SERVICE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>600 LOS PALMAS DRIVE</u> Suite, Apt. #, etc.		3. Mailing Address <u>600 LOS PALMAS DRIVE</u> Suite, Apt. #, etc.	
City & State <u>ORANGE PARK, FLORIDA</u>		City & State <u>ORANGE PARK, FLORIDA</u>	
Zip <u>32003</u>	Country <u>USA</u>	Zip <u>32003</u>	Country <u>USA</u>

4. FEI Number <u>59-3582401</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

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7. Name and Address of Current Registered Agent

Name DAVID L. HERBERT
Street Address (P.O. Box Number is Not Acceptable)
600 LOS PALMAS DRIVE
City ORANGE PARK FL Zip Code 32003

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 _____ (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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>DAVID L. HERBERT</u> <u>600 LOS PALMAS DRIVE</u> <u>ORANGE PARK, FL 32003</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>BRUCE APPLING</u> <u>5133 CHICORY CIRCLE</u> <u>MIDDLEBURG, FL 32068</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100008770591</u> <u>11/04/02--01014--004 **70.00</u>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David L Herbert 10/28/02 904-278-0716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

25 11/8/02