

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

FILED

04 FEB 24 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|
| DOCUMENT # P99000098780 |
| 1. Entity Name STH ELECTRICAL CONTRACTORS, INC. |

DO NOT WRITE IN THIS SPACE

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|--|--|
| 2. Principal Place of Business 6901 PEACHTREE IND. BLVD. Suite, Apt. #, etc. SUITE H | 3. Mailing Address SAME Suite, Apt. #, etc. |
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|--|-------------------------|------------------------------------|---|
| City & State NORCROSS GA | City & State | 4. FEI Number 58-2209792 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 30092 | Country USA | Zip | Country |

DO NOT WRITE IN THIS SPACE

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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 7. Name and Address of Current Registered Agent |
| Name NRAI Services, Inc. |
| Street Address (P.O. Box Number is Not Acceptable) 526 Park Avenue |
| City Tallahassee |
| FL Zip Code 32301 |

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.

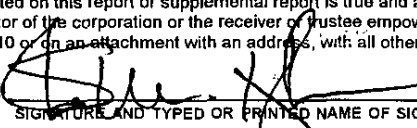
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE Officer | TITLE Officer |
| NAME Shawn HUGHES | NAME Ashley Smith |
| STREET ADDRESS 6525 CLUB VALLEY CT SUWANEE, GA 30024 | STREET ADDRESS 253 Charles Road Canton, GA 30115 |
| CITY - ST - ZIP Woodstock, GA 30183 | CITY - ST - ZIP Canton, GA 30115 |
| TITLE Officer | TITLE Officer |
| NAME Alvis Taylor | NAME Alvis Taylor |
| STREET ADDRESS 3169 Wood Springs | STREET ADDRESS 3169 Wood Springs |
| CITY - ST - ZIP Lilburn, GA 30247 | CITY - ST - ZIP Lilburn, GA 30247 |
| TITLE | TITLE |
| NAME | NAME |
| STREET ADDRESS | STREET ADDRESS |
| CITY - ST - ZIP | CITY - ST - ZIP |
| TITLE | TITLE |
| NAME | NAME |
| STREET ADDRESS | STREET ADDRESS |
| CITY - ST - ZIP | CITY - ST - ZIP |

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

SIGNATURE:  **SHAWN HUGHES** **18-FEB-04** **770/300-0306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)