

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90192 015 \*\*\*150.00

**DOCUMENT # P99000108306**

1. Entity Name  
**HERRMANN ELECTRICIANS, INC.**



Principal Place of Business  
**29819 US HWY 19 NORTH  
CLEARWATER FL 33761**

Mailing Address  
**29819 US HWY 19 NORTH  
CLEARWATER FL 33761**

2. Principal Place of Business

**38882 US HWY 19 N.**

Suite, Apt. #, etc.

3. Mailing Address

**38882 US HWY 19 N.**

Suite, Apt. #, etc.

City & State

**Tarpon Springs, FL**

Zip **34689**

Country **USA**

City & State

**Tarpon Springs, FL**

Zip **34689**

Country **USA**

4. FEI Number

**59-3613185**

Applied For

☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KRUG, ROBERT ESQ.  
4010 BOY SCOUT BLVD., STE. 590  
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **Uwe Herrmann**

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

**38882 US HWY 19 N.**

City **Tarpon Springs**

**FL**

Zip Code **34689**

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  **President**

(NOTE: Registered Agent signature required when reinstating)

**04-08-03**

DATE

**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 **P** ☐ Delete  
NAME **HERRMAN, UWE**  
STREET ADDRESS **1800 WOOD HAVEN STREET**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VP** ☐ Delete  
NAME **HERMANN, FRANK**  
STREET ADDRESS **29819 US HWY 19 NORTH**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME **VP Herrmann Frank**  
STREET ADDRESS **1800 Wood Haven street**  
CITY-ST-ZIP **Tarpon Springs, FL 34689**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-08-03**

Date

**727-944-4245**

Daytime Phone #

MA000001 AV

CR2E034 (10/02)