

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S23705**

1. Entity Name

HANKS ELECTRIC SERVICE, INC.

Principal Place of Business

Mailing Address

PO BOX 693
FROSTPROOF FL 33843PO BOX 693
FROSTPROOF FL 33843

2. Principal Place of Business

20 N. SCENIC HIGHWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FROSTPROOF, FL

City & State

Zip

33843

Country

FLORIDA

Zip

Country

4. FEI Number

59-3044821

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HIGGINBOTTOM, DAVID B.
101 EAST WALL STREET
FROSTPROOF FL 33843**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	HANKS, JOHN W			
	17 LINDA			
	FROSTPROOF FL			
	V			
	DALE, KENNETH			
	501 S FIR AVE			
	FROSTPROOF FL			
	S			
	DALE, SHEILA D			
	501 S FIR AVE			
	FROSTPROOF FL			
	T			
	HANKS, RUBY G			
	17 LINDA			
	FROSTPROOF FL			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Kenneth W. Dale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90129 043 ***150.00

600100



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)