2000 UNIFORM BUSINESS REPORT (UBR) FILED									
DOCU 1. Entity Nam	/		A		2000 8:( ry of St	)0 am			
ROBERTSON ELECTRICAL SERVICES, INC.			N						
						08-09-2000 9	0082 010 ***55	8.75	
Principal Plac 16214 N NEBF LUTZ FL 3354 US	RASKA	Mailing Address 16214 N NEBRASKA LUTZ FL 33549 US							
03		03			: 100/1010 (1	<del>ی بین روسی<i>ز س</i>ر</del> ۱ ماند (۱۱۸۱ ماند) از از از از از از از ا			
2. Principal Place of Business, Nebraska AN 16210-CN. Ne.			ebraska t	Ano					
Suite, Apt.		Suite, Apt. #, etc.	<u></u>			DO NOT WRITE I	N THIS SPACE		
City & State		City & State Lutz FL			FEI Number	59-3068657	7 Applied For Not Applicable		
Zip 3354	Country	33549	Country 25	5.	Certificate of	Status Desired	K \$8.75 Add Fee Require		
	6. Name and Address of Current Re		Name	7.	Name and Ad	Idress of New Regi	stered Agent		
ROBERTSON, HENRY C., JR 8714 ISLAND BREEZE LN. Henry C. Kobertson Jr Street Address (P.O. Box Number is Not Acceptable) 12441									
TEN	IPLE TERR. FL 33637								
CityOdessa								56	
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									
Tax filing r	pration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW! After SEPTEMBER 1 Make Check Payab	•	be \$750.00	1	on Campaign Financ Fund Contribution.		IO May Be I to Fees	
11.	OFFICERS AND DI	RECTORS	12.	A	DDITIONS/CH	IANGES TO OFFICE	RS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROBERTSON, HENRY C., JR 8714 ISLAND BREEZE LN. TEMPLE TERR. FL 33637	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			o Pull La	R Change 3556	(2/00) noitibbA	
TITLE	D	Delete	TITLE	Vae:	55a. j.	PL J.	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Robertson, Henry C., Jr 8714 Island Breeze Ln. Temple Terr. Fl 33637		NAME STREET ADDRESS CITY-ST-ZIP	12411 Odes	SIOU	, Pull La L 3355	ne		
TITLE NAME		Delete	TITLE			<u></u>	🛄 Change	Addition	
STREET ADORESS			STREET ADDRESS						
TITLE		Delete	TITLE				🗌 Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP TITLE		<u> </u>		Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP TITLE				Change	Addition	
NAME		L) Delete	NAME				CT Onlange		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
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 truetee empowered to execute this port 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: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									

-