

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000003347

FILED  
Jan 27, 2003  
Secretary of State

Entity Name: HUFFINE ELECTRIC COMPANY, INC.

**Current Principal Place of Business:**

611 WADE CIRCLE  
GOODLETTSVILLE, TN 37072

**New Principal Place of Business:**

**Current Mailing Address:**

611 WADE CIRCLE  
GOODLETTSVILLE, TN 37072

**New Mailing Address:**

FEI Number: 62-1583383      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: HUFFINE, ROBERT B  
Address: 216 SPY GLASS STREET  
City-St-Zip: OLD HICKORY, TN

Title: SD ( ) Delete  
Name: HUFFINE, ROBERT G  
Address: 908 FOWLER STREET  
City-St-Zip: OLD HICKORY, TN

Title: D ( ) Delete  
Name: HUFFINE, DUSTIN A  
Address: 313 E MAIN STREET, STE 1  
City-St-Zip: HENDERSONVILLE, TN

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G HUFFINE

SD

01/27/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date