## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # \$14364** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name T.B.M. ELECTRICAL SERVICES, INC. 04-21-2000 90011 034 \*\*\*150.00 Principal Place of Business Mailing Address 10795 N.W. 53RD STREET 10795 N.W. 53RD STREET SUITE 209 SUITE 209 SUNRISE FL 33351-8085 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0243669 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STYLES, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 629 S.E. 5TH AVE FT. LAUDERDALE FL 33310 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ■ Addition ☐ Change ☐ Delete TITLE TITLE MAJDOWSKI, JOAN D NAME NAME STREET ADDRESS 4392 HUNTING TRAIL STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP Addition □ Change ☐ Delete TITLE TITLE MAJDOWSKI, RICHARD A NAME 4392 HUNTING TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 Addition ☐ Change TITLE ☐ Delete TITLE MAJDOWSKI, JUNE H. NAME NAME STREET ADDRESS 3475 S OCEAN BLVD #311 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAJDOWSKI, JOAN D. NAME NAME STREET ADDRESS 4392 HUNTING TRAIL STREET ADDRESS CITY-ST-ZIF -CITY-ST-ZIP LAKE WORTH FL 33467 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 13. I hereby certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 in