

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002152

1. Entity Name

TIREM CONTRACTING INC.

Principal Place of Business

1428 DELBERTS DRIVE
MONOGAHELA PA 15063
US

Mailing Address

1428 DELBERTS DRIVE
MONOGAHELA PA 15063
US

2. Principal Place of Business

1428 Delberts Dr.

Suite, Apt. #, etc.

3. Mailing Address

1428 Delberts Dr.

Suite, Apt. #, etc.

City & State

Monongahela PA

Zip

Country

15063 USA

City & State

Monongahela PA

Zip

Country

15063 USA

4. FEI Number

25-1568657

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CCEO
NAME GIGLIOTTI, CLEMENT P
STREET ADDRESS 1428 DLEBERTS DRIVE
CITY-ST-ZIP MONOGAHELA PA 15063 ☐ Delete

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

TITLE DV
NAME MCCracken, RONALD C
STREET ADDRESS 1428 DLEBERTS DRIVE
CITY-ST-ZIP MONOGAHELA PA 15063 ☐ Delete

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

TITLE DST
NAME WILLIAMS, CHARLENE
STREET ADDRESS 1428 DELBERTS DRIVE
CITY-ST-ZIP MONOGAHELA PA 15063 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Charlene Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-00

724-258-9009

Date

Daytime Phone #

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90021 021 ***550.00

A0071830



DO NOT WRITE IN THIS SPACE