

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90118 036 ***150.00

DOCUMENT # F99000003941

1. Entity Name
TOWER CONTRACTING CORP.



Principal Place of Business
17148 LIMRICK COURT
TEQUESTA FL 33469

Mailing Address
17148 LIMRICK COURT
TEQUESTA FL 33469



2. Principal Place of Business
7219 Marsh Terrace
Suite, Apt. #, etc.

3. Mailing Address
<SAME>
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port St. Lucie, FL
Zip
34986
Country
USA

City & State

4. FEI Number 04-2548686

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, CATHRINE
17148 LIMRICK COURT
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7219 MARSH TERRACE

Port St. Lucie

FL

Zip Code
34986

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, CATHRINE	
STREET ADDRESS	17148 LIMRICK COURT	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SMITH, TIMOTHY H	
STREET ADDRESS	7601 E TREASURE DR #PH206	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCDONALD, JOSEPH P	
STREET ADDRESS	47 RIPLEY ROAD	
CITY-ST-ZIP	COHASSET MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/03 561, 866, 300 2696

CR2E034 (10/02)