

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G59111

1. Entity Name

TOTAL ELECTRIC SERVICE OF TAMPA, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90211 009 \*\*\*158.75

Principal Place of Business

Mailing Address

719-D SOUTH 50TH STREET  
TAMPA FL 33619

719-D SOUTH 50TH STREET  
TAMPA FL 33619-3623

2. Principal Place of Business

8929 MAISLIN DRIVE

3. Mailing Address

8929 MAISLIN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

59-2321590

Applied For

Not Applicable

Zip

33637

Country

U.S.A.

Zip

33637

Country

U.S.A.

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

MADISON, JOHN M  
719-D SOUTH 50TH STREET  
TAMPA FL 33619

Name

Street Address (P.O. Box Number is Not Acceptable)  
8929 MAISLIN DRIVE

City TAMPA

FL

Zip Code  
33637

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 ☐ Delete  
NAME P  
STREET ADDRESS MADISON, JOHN M  
CITY-ST-ZIP 2838 SPRINGDELL CIRCLE  
VALRICO FL

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS BAKER, ROY W  
CITY-ST-ZIP 2062 DAWN DRIVE  
CLEARWATER FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 903 PINELLAS BAYWAY #104  
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS FOGG, NANCY L  
CITY-ST-ZIP 1603 E KIRBY STREET  
TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11403 BETSY WAY  
CITY-ST-ZIP TAMPA, FL 33637

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 813-899-4948

CR2E034 (9/99)