

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G59111**

1. Entity Name

TOTAL ELECTRIC SERVICE OF TAMPA, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90169 019 ***158.75

Principal Place of Business

8929 MAISLIN DRIVE
TAMPA FL 33637
US

Mailing Address

8929 MAISLIN DRIVE
TAMPA FL 33637
US

818133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2321590

Applied For

Not Applicable

Zip

Country

Zip

Country

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
8929 MAISLIN DRIVE
TAMPA FL 33637

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 \$150.00
After MAY 1, 2001 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 **903 PINELLAS BAYWAY 104**
TIERRA VERDE FL 33715

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

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **FOGG, NANCY L**
CITY-ST-ZIP **11403 BETSY WAY**
TAMPA FL 33637

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information
indicated on this report or supplement
of the corporation or the receiver or
changed, or on an attachment with a

action 119.07(3)(i), Florida Statutes. I further certify that the information
same legal effect as if made under oath; that I am an officer or director
7, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE A

2/23/01

813-899-4948

2/23/01

813-899-4948

Date

Daytime Phone #

*Resigned in
black ink as
per instructions*

CR2E034 (10/00)