## FILED May 12, 2003 8:00 am Secretary of State 05-12-2003 90205 029 \*\*\*158.75

1. Entity Nat	JMENT # G59111 ELECTRIC SERVICE OF TA	MPA, INC.			
Principal Plac 8929 MAISL TAMPA, FL		Mailing Address 8929 MAISLIN DRIVE TAMPA, FL 33637	us	8011862	5
2. Principal i	Place of Business	3. Mailing Address			
Suite, Apt	l. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Sta	ite	City & State		4. FEI Number Applied F Not Appli	
Zìp 	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	Name and Address of Current	t Registered Agent	Name	7. Name and Address of New Registered Agent	=
MADISON, 8929 MAISI TAMPA, FL	LIN DRIVE		<u></u>	(P.O. Box Number is Not Acceptable)	_
			City	FL Zip Code	$\dashv$
SIGNATURE	Executed to add to missely prome of statements are	a med fring X models and to the Author	If Decisions in		
y - Afte Make Check 10.	FillE NOWITIFFEE IS \$150.00  FillE NOWITIFFEE IS \$150.00  MBy 172033 Fee will be \$550.00 k. Payable to Florida Department  OFFICERS AND	of State	TE: Registrated Agent signature require	9. Election Campaign Financing Added to Fee  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
After Make/Check 10. Iffice Hame STREET ADDRESS	Synamic, typed or printed harms of segmented ager FILE NOWINEFEE'S \$150.00 r. May 17,2003 fire will be \$550.00 k Payable to Florida Department	of State		S. DO May  Trust Fund Contribution.      Added to Fee	
SIGNATURE  After Make Check  10.  ITHE  HAME  STREET ADDRESS  CITY-ST-ZP  THE  MAKE  STREET ADDRESS  CITY-ST-ZP	Systems, typed or printed home of degree and agent FILE NOW!!! FEH'IS \$150.00 MBy:172003 Ree will be \$550.00 Payable to Florida Department OFFICERS AND P MADISON, JOHN M 3002 BAYHEAD ROAD	of State	11. THE NAME STREET ADDRESS	S. DO May Trust Fund Contribution.  Added to Fee  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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chusen +# 2002 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2002 8:00 ar Secretary of State DOCUMENT# G59111 1. Entity Name 04-18-2002 90441 014 \*\*\*158.75 TOTAL ELECTRIC SERVICE OF TAMPA, INC. Principal Place of Business Mailing Address 80118425 8929 MAISLIN DRIVE 8929 MAISLIN DRIVE TAMPA FL 33637 TAMPA FL 33637 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2321590 Not Applicab Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MADISON, JOHN M Street Address (P.O. Box Number is Not Acceptable) 8929 MAISLIN DRIVE **TAMPA FL 33637** 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 4 applicable. \_\_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS .11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **SITLE** TITLE inange ☐ Additio ☐ Delete President MADISON, JOHN M NAME: NAME Madison, John M STREET ADDRESS 2838 SPRINGDELL CIRCLE STREET ADDRESS 3002 Bayhead Road CITY-ST-ZIP CITY-ST-ZIP VALRICO FL Dade-Gity, FL 33523 TITLE ☐ Delete TITLE Change ☐ Addition Vice PResident NAME BAKER, ROY W NAME Roy W Baker STREET ADDRESS STREET ADDRESS 903 PINELLAS BAYWAY 104 334 7th Ave. North CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL 33715 Tierra Verde, FL 33715 Change Additio TITLE ☐ Delete TITLE ST 'NAME FOGG: NANCY L STREET ADDRESS 11403 BETSY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33637 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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 altiother like empowered. W/a/12 8.2 RQC-UAUR