

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G70432

1. Entity Name

TECHNICAL SPECIALTY CONSTRUCTORS, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90141 033 ***150.00

C0042018



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% JAMES P. LIBBY
726 N. MAGNOLIA AVE.
OCALA FL 34475-8872
US

Mailing Address

% JAMES P. LIBBY
PO BOX 5400
OCALA FL 34478-5400
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2341129**

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

LIBBY, BEVERLY C.
826 N.E. 12TH TERRACE
OCALA FL 34470

Name

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

1811 SE 38th Ave

City Ocala

FL

Zip Code 34471-5655

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 DST ☐ Delete
NAME LIBBY, BEVERLY C.
STREET ADDRESS 826 NE 12TH TERR.
CITY-ST-ZIP OCALA FL 34470-6029

TITLE ☒ Change ☐ Addition
NAME 1811 SE 38th Ave
STREET ADDRESS Ocala, FL 34471-5655
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME LIBBY, JAMES P.
STREET ADDRESS 826 NE 12 TERRACE
CITY-ST-ZIP OCALA FL 34470-6029

TITLE ☒ Change ☐ Addition
NAME 1811 SE 38th Ave
STREET ADDRESS Ocala, FL 34471-5655
CITY-ST-ZIP

TITLE V ☐ Delete
NAME LIBBY, KEVIN J
STREET ADDRESS 4316 SE 12TH PLACE
CITY-ST-ZIP OCALA FL 34471

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

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: Beverly C Libby Sec/Treas 4/4/01 352/629-7737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)