# 2000 UNIFORM BUSINESS REPORT (UBR) - AMENDED

DOCUMENT #H05989

FILED
00 DEC 15 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
TOTAL MECHANICAL SERVICES, INC.

Principal Place of Business
506 N Greenwood Ave.
Clearwater, FL 33755

Mailing Address
506 N. Greenwood Ave.
Clearwater, FL 33755

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2431105 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTIN D. MOSKOWITZ
1120 Burke Ave.
Dunedin, FL 34698

7. Name and Address of New Registered Agent
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 12/12/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

[redacted]

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

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P/D ☒ Delete |
| NAME | TAPPOUNI, THERESE |
| STREET ADDRESS | 5069 N. Greenwood Ave. |
| CITY-ST-ZIP | Clearwater, FL 33755 |
| TITLE | VP ☐ Delete |
| NAME | MOSKOWITZ, MARTIN D. |
| STREET ADDRESS | 506 N. Greenwood Ave. |
| CITY-ST-ZIP | Clearwater, FL 33755 |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---|
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | P/VP/D ☒ Change ☐ Addition |
| NAME | MOSKOWITZ, MARTIN D. |
| STREET ADDRESS | 506 N. Greenwood Ave. |
| CITY-ST-ZIP | Clearwater, FL 33755 |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | 800003514798--4 |
| STREET ADDRESS | -12/27/00--01077--012 |
| CITY-ST-ZIP | *****70.00 *****70.00 |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | SP |
| 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: Martin D. Moskowitz, Pres. 12/13/00 (727)443-6290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COPY 12/13/00