

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90428 025 ***150.00

DOCUMENT # H75063

1. Entity Name

TED KLINGER CEILINGS & COMMERCIAL REMODELING, IN C.

Principal Place of Business

**1453 S. GREENWOOD AVE.
 CLEARWATER FL 33756
 US**

Mailing Address

**1453 S. GREENWOOD AVE.
 CLEARWATER FL 33756
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2576550

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

LYONS, GARY W.

311 SOUTH MISSOURI AVENUE

CLEARWATER FL

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, 2002 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 **P** ☐ Delete
 NAME **KLINGER, THEODORE VERNON**
 STREET ADDRESS **1285 LINCOLN AVENUE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **P** ☒ Change ☐ Addition
 NAME **Mary Grace Klinger**
 STREET ADDRESS **1102 South Missouri Ave #211**
 CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **VP** ☐ Delete
 NAME **KLINGER, MARY GRACE**
 STREET ADDRESS **1285 LINCOLN AVENUE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **VP, S** ☒ Change ☐ Addition
 NAME **Doreen DiPolito**
 STREET ADDRESS **1624 Parkside Dr**
 CITY-ST-ZIP **Clearwater, FL 33756**

TITLE **S** ☐ Delete
 NAME **KLINGER, JAMES M.**
 STREET ADDRESS **1285 LINCOLN AVENUE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **VP** ☒ Change ☐ Addition
 NAME **David E. Suggs**
 STREET ADDRESS **7969 140 th St N**
 CITY-ST-ZIP **Seminole, FL**

TITLE **T** ☐ Delete
 NAME **KLINGER, THOMAS V.**
 STREET ADDRESS **1285 LINCOLN AVENUE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **T** ☒ Change ☐ Addition
 NAME **Andrew J. Caudell**
 STREET ADDRESS **2124 Frederick Cir**
 CITY-ST-ZIP **Clearwater, FL 33763**

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:

Doreen DiPolito
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doreen DiPolito

727-423-9969

Date

Daytime Phone #

CR2E034 (9/01)