

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11473

1. Entity Name

TOM STEED ELECTRIC, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90034 043 \*\*\*150.00

Principal Place of Business

Mailing Address

434 TEQUESTA DRIVE  
% TOM STEED  
TEQUESTA FL 33469

434 TEQUESTA DRIVE  
% TOM STEED  
TEQUESTA FL 33469-2514

2. Principal Place of Business

3. Mailing Address

308 Tequesta dr.  
Suite, Apt. #, etc.  
#7

434 Tequesta dr.  
Suite, Apt. #, etc.

City & State

City & State

Tequesta FL

Tequesta FL

Zip

Country

Zip

Country

33469

PB

33469

PB



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2688498

Applied For  
Not Applicable

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

STEED, TOM  
434 TEQUESTA DR.  
TEQUESTA FL 33458

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 Tom STEED

Signature, typed or printed name of registered agent and title if applicable.

Tom Steed

(NOTE: Registered Agent signature required when reinstating)

030600

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, 2000 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	<input type="checkbox"/> Delete
NAME	STEED, THOMAS	
STREET ADDRESS	434 TEQUESTA DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEED, CAROLYN	
STREET ADDRESS	434 TEQUESTA DR.	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

030600

Date

561-718 1953

Daytime Phone #

CR2E034 (9/99)