

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90055 048 ***150.00

DOCUMENT # J11473

1. Entity Name
TOM STEED ELECTRIC, INC.

Principal Place of Business

**1450 CYPRESS DR
 #6
 JUPITER FL 33458**

Mailing Address

**434 TEQUESTA DRIVE
 TEQUESTA FL 33469**

2. Principal Place of Business

1450 Cypress Dr.
 Suite, Apt. #, etc.
6

3. Mailing Address

355 Beacon St
 Suite, Apt. #, etc.

City & State

Jupiter FL
 Zip
33458 Country
P.B.

City & State

Tequesta FL
 Zip
33469 Country
PB

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

**STEED, TOM
 434 TEQUESTA DR.
 TEQUESTA FL 33458**

7. Name and Address of New Registered Agent

Name **Thomas A Steed**
 Street Address (P.O. Box Number is Not Acceptable)
355 Beacon St.
 City **Tequesta** FL Zip Code **33469**

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

TITLE **P** ☐ Delete
 NAME **STEED, THOMAS**
 STREET ADDRESS **434 TEQUESTA DRIVE**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **D** ☐ Delete
 NAME **STEED, CAROLYN**
 STREET ADDRESS **434 TEQUESTA DR.**
 CITY-ST-ZIP **TEQUESTA FL 33469**

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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Thomas A Steed
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 12 02

Date

561-575-2361

Daytime Phone #

CR2E034 (9/01)