

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J81781

1. Entity Name

T & D PRODUCTS, INC.

Principal Place of Business

2852 MEADOW VIEW AVE
LARGO FL 33771
US

Mailing Address

2852 MEADOW VIEW AVE
LARGO FL 33771-2532
US

2. Principal Place of Business

17367 LAKE LINDSEY RD.

Suite, Apt. #, etc.

3. Mailing Address

17367 LAKE LINDSEY RD.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

34601

Country

U.S.A.

City & State

BROOKSVILLE, FL

Zip

34601

Country

U.S.A.

4. FEI Number

59-2821459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYNARD, THEODORE J
2852 MEADOW VIEW AVE
LARGO, 33771

7. Name and Address of New Registered Agent

Name

THEODORE J. MAYNARD

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

17367 LAKE LINDSEY RD.

City

BROOKSVILLE

FL

Zip Code

34601

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

T. J. Maynard

4/26/00

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

TITLE PT
NAME MAYNARD, THEODORE J.
STREET ADDRESS 2852 MEADOWS VIEW AVE
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE VS
NAME MAYNARD, DIANE C.
STREET ADDRESS 2852 MEADOW VIEW AVE
CITY-ST-ZIP LARGO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME MAYNARD, THEODORE J.
STREET ADDRESS 17367 LAKE LINDSEY RD.
CITY-ST-ZIP BROOKSVILLE, FL 34601 ☒ Change ☐ Addition

TITLE VS
NAME MAYNARD, DIANE C.
STREET ADDRESS 17367 LAKE LINDSEY RD.
CITY-ST-ZIP BROOKSVILLE, FL 34601 ☒ Change ☐ Addition

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

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

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

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

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:

T. J. Maynard (THEODORE J. MAYNARD)

Date

4/26/00

Daytime Phone #

(352) 754-9700

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90282 021 ***150.00



DO NOT WRITE IN THIS SPACE