

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K67928

1. Entity Name

T. S. BUILDERS, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90218 015 \*\*\*150.00

Principal Place of Business

Mailing Address

% JAMES R. GUERINO  
2700 HADLEY RD  
TALLAHASSEE FL 32308

% JAMES R. GUERINO  
2700 HADLEY RD  
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

P.O. Box 14128  
Suite, Apt. #, etc.

P.O. Box 14128  
Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE, FL

Zip

32315

Country

Zip

32315

Country

4. FEI Number

59-2935522

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

GUERINO, JAMES R.  
~~6964 AZUSA RD~~ 5409 ASHTON COURT  
TALLAHASSEE FL ~~32304~~ 32311

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, 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	STD	<input type="checkbox"/> Delete
NAME	QUICK, THOMAS	
STREET ADDRESS	2700 HADLEY ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SKIPPER, STEVE	
STREET ADDRESS	4335 BUTTERCUP WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 14128	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rd. 6, Box 397 Q	
STREET ADDRESS	Quincy, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Steve Skipper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-2000

850 5457374

Date

Daytime Phone #

CR2E034 (9/99)