

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90239 009 ***150.00

DOCUMENT # L83480

1. Entity Name

TADCO ELECTRICAL SERVICES, INC.



Principal Place of Business

**371 TAUNTON RD. S.W.
PALM BAY FL 32908**

Mailing Address

**P.O. BOX 100154
PALM BAY FL 32910**

20007841



2. Principal Place of Business

695 Malabar Rd. N.W.

Suite, Apt. #, etc.

3. Mailing Address

695 Malabar Rd. N.W.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Palm Bay, Fl

City & State

Palm Bay, Fl

4. FEI Number

59-3021450

Applied For

Not Applicable

Zip

32907

Country

Brevard

Zip

32907

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, TIMOTHY A

TADCO ELECTRICAL SERVICES, INC.

371 TAUNTON RD. S.W.

PALM BAY FL 32908

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Timothy A. Davis

1/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DAVIS, TIMOTHY A**
STREET ADDRESS **371 TAUNTON RD. S.W.**
CITY-ST-ZIP **PALM BAY FL 32908**

TITLE **VP** ☐ Delete
NAME **DAVIS, PAMELA J**
STREET ADDRESS **371 TALNTON RD SW**
CITY-ST-ZIP **PALM BAY FL 32908**

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

11. 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy A. Davis **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03

CR2E034 (10/02)