## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2000 8:00 am Secretary of State **DOCUMENT # M96748** TOWER SYSTEMS, INC. 05-05-2000 90059 022 \*\*\*150.00 Principal Place of Business Mailing Address 375 MIDWAY ROAD C/O PINNACLE TOWERS - ATTN: DECKER A. TODD 1549 RINGLING BLVD., 3RD FLOOR FT PIERCE FL 34962-7199 $\sim$ 1 $\cup$ 0 $\cup$ SARASOTA FL 34236-6764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0069639 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Change ☐ Addition Delete TITLE D WOLSEY, ROBERT J NAME NAME 8944 FISHERMENS BAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL PCD Addition TITLE , 💢 Delete ☐ Change NAME DELL'APA, JAMES R NAME BERNARD GABOURY MYHYY MYRICA DRIVE STREET ADDRESS 1009 ST. ANN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW ORLEANS LA** Addition ☐ Delete TITLE TITLE DAY, STEVEN R NAME NAME STREET ADDRESS 361 C'EZANNE STREET STREET ADDRESS CITY-ST-ZIP OSPREY FL CITY-ST-ZIP \$TD ☐ Delete Change ☐ Addition TITLE TODD, DECKER A NAME NAME **803 BENNINGER DRIVE** STREET ADDRESS STREET ADDRESS BRANDON FL CITY-ST-7IP CITY-ST-ZIP **X** Change ☐ Addition TITLE ☐ Delete TITLE DAVID KOEHLER NAME NAME 1549 RINGLING BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34236 ☐ Delete TITLE Change Addition TITLE CHRISTINE E. SHIRLEY NAME NAME 13502 2ND AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34202

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:

