

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90117 033 ***150.00

DOCUMENT # M96748

1. Entity Name

TOWER SYSTEMS, INC.

Principal Place of Business

**375 MIDWAY ROAD
 FT PIERCE FL 34982-7199**

Mailing Address

**C/O PINNACLE TOWERS
 301 N CATTLEMEN ROAD
 SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0069639

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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.

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	CEO	<input checked="" type="checkbox"/> Delete
NAME	WOLSEY, ROBERT J	
STREET ADDRESS	8944 FISHERMENS BAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GABOURY, BERNARD	
STREET ADDRESS	7444 MYRICA DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	COOS	<input type="checkbox"/> Delete
NAME	DAY, STEVEN R	
STREET ADDRESS	361 C'EZANNE STREET	
CITY-ST-ZIP	OSPREY FL	
TITLE	CAS	<input type="checkbox"/> Delete
NAME	TODD, DECKER A	
STREET ADDRESS	803 BENNINGER DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KOEHLER, DAVID	
STREET ADDRESS	8145 SHADOW PINE WAY	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SHIRLEY, CHRISTINE E	
STREET ADDRESS	13502 2 AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34202	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William T. Freeman	
STREET ADDRESS	4914 Lyford Cay Rd	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/T/Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Camille Blommer	
STREET ADDRESS	1833 Oak View Dr	
CITY-ST-ZIP	Sarasota, FL 34232	
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:

Camille Blommer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 364-8886

CR2E034 (9/01)