

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90436 004 ***150.00

DOCUMENT # P01000037930

1. Entity Name
TOWER SPECIALIST, INC.

Principal Place of Business

~~901 E. GREEN ST.
PERRY FL 32347~~

Mailing Address

~~901 E. GREEN ST.
PERRY FL 32347~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3500 VEA DE LA REINA

Suite, Apt. #, etc.

3. Mailing Address

3500 VEA DE LA REINA

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip **32217**

Country

USA

City & State

JACKSONVILLE, FL

Zip **32217**

Country

USA

4. FEI Number

02-0560031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICKLER, ALBERT H

5452 ARLINGTON EXPRESSWAY

JACKSONVILLE FL 32211

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. ☐

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 **D** ☐ Delete
NAME **KETRING, WARD E**
STREET ADDRESS **901 E. GREEN ST.**
CITY-ST-ZIP **PERRY FL 32347**

TITLE **D, VP** ☐ Delete
NAME **ROBERT G. RICHARDS**
STREET ADDRESS **3500 VEA DE LA REINA**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **D, P** ☐ Delete
NAME **EDWARDS A. WATERS**
STREET ADDRESS **3355 ELSIE CT**
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

Robert G. Richards, V.P., Director

4-10-2002 904-399-8422

Date Daytime Phone #

CR2E034 (9/01)