

FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90243 048 \*\*\*150.00

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

DOCUMENT # P01000069063

1. Entity Name  
**T&S ENTERPRISES HANDICAP ACCESSIBILITY,  
INC.**



Principal Place of Business  
3119 KEYSVILLE ROAD EAST  
LITHIA, FL 3354-7

Mailing Address  
POST OFFICE BOX 3453  
LITHIA, FL 33547

11017102

2. Principal Place of Business  
**3302 Sydney Road**  
Suite, Apt. #, etc.  
**Plant City, FL**  
City & State  
Zip **33566** Country **USA**

3. Mailing Address  
**3302 Sydney Road**  
Suite, Apt. #, etc.  
**Plant City, FL**  
City & State  
Zip **33566** Country **USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3730991** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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:

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

(NOTE: Registered Agent signature required when resigning)

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 **PSTD** ☐ Delete  
NAME **EDGE, CHRISTINA L**  
STREET ADDRESS **3119 KEYSVILLE ROAD EAST**  
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE **V** ☐ Delete  
NAME **EDGE, DUANE L**  
STREET ADDRESS **3119 KEYSVILLE RD EAST**  
CITY-ST-ZIP **LITHIA, FL 33547**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Christina Edge**

Date

**4-21-03 (813) 759-8111**

Daytime Phone #

CR2E034 (10/02)