

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000072989

1. Entity Name

T.S.S. millwork, Inc.



FILED

03 MAR 20 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

332 Cavalier Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-1125098

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Timothy Schwind

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

332 Cavalier Rd

City Palm Springs

FL

Zip Code 33461

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 M Schwind*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 ~~PRESIDENT~~  
NAME Timothy Schwind Sr.  
STREET ADDRESS 332 Cavalier Rd  
CITY-ST-ZIP Palm Springs, FL 33461

TITLE Vice President  
NAME Christopher Schwind  
STREET ADDRESS 332 Cavalier Rd  
CITY-ST-ZIP Palm Springs FL 33461

TITLE Vice President  
NAME Timothy M Schwind Jr.  
STREET ADDRESS 332 Cavalier Rd  
CITY-ST-ZIP Palm Springs FL 33461

TITLE Treasurer  
NAME MARTHA J Schwind  
STREET ADDRESS 332 Cavalier Rd  
CITY-ST-ZIP Palm SPRINGS FL 33461

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03

Date

Day/night Phone #

641-8808