

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90138 035 ***150.00

DOCUMENT # P01000088547

1. Entity Name
TOTAL PROPERTY SOLUTIONS INC.



Principal Place of Business
~~21004 LOCKHART RD.~~ 21030 Lockhart Rd
DADE CITY FL 33523

Mailing Address
~~21004 LOCKHART RD.~~ P.O. Box 1388
DADE CITY FL 33523 33526-1388



2. Principal Place of Business
21030 Lockhart Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1388
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DADE City, FL

City & State
DADE City, FL

Zip
33523

Country
USA

Zip
33526-1388

Country
USA

4. FEI Number 65-1151347

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MORROW, HAROLD W
~~21004 LOCKHART RD.~~ 17031 U.S. Hwy 301 #151
DADE CITY FL 33523 33525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* cancel, (signed wrong line)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORROW, HAROLD W 21004 LOCKHART RD. DADE CITY FL 33523 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORROW, JANE S 21004 LOCKHART RD. DADE CITY FL 33523 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLES B. MORROW 21030 LOCKHART RD. DADE CITY, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRACEY M. MORROW 1820 ORMAND'S JUNGLE DEN RD., Lot 95 ASTOR, FL 32102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JEANNE H. MORROW 21030 LOCKHART RD DADE CITY, FL 33523 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 352-583-5223
Date Daytime Phone #

CR2E034 (10/02)