

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000097802**

1. Entity Name

TPS CONSTRUCTION, INC.

FILED

02 OCT -9 PM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2270 STONEHEDGE LOOP
KISSIMMEE FL 347432270 STONEHEDGE LOOP
KISSIMMEE FL 34743

2. Principal Place of Business

910 E Central Blvd

3. Mailing Address

910 E Central Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

04-3713725

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

STARRETT, THOMAS P
2270 STONEHEDGE LOOP
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent

Name Starrett, Thomas P

Street Address (P.O. Box Number is Not Acceptable)
910 E Central Blvd

City Orlando

FL

Zip Code 32801

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 reinstating)

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STARRETT, THOMAS P	
STREET ADDRESS	2270 STONEHEDGE LOOP	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, PATRICK D	
STREET ADDRESS	2270 STONEHEDGE LOOP	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLLMAN, MARK W	
STREET ADDRESS	2901 BRIDGEHAMPTON LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	910 E CENTRAL BLVD	
STREET ADDRESS	Orlando, FL 32801	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	910 E Central Blvd	
STREET ADDRESS	Orlando FL 32801	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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:

SIGNATURE REQUIRED

Thomas Starrett

10-6-02

407-325-4799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
Doc. #

PO 1000097802

**This was the first notice received, please note the
changes of address**

874105

Thomas P Starrett

Thomas P Starrett