

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90002 042 ***150.00

DOCUMENT # P01000113508			
1. Entity Name TECHNICAL LIFT SERVICES, INC.			
Principal Place of Business 1500 Colonial Boulevard, Suite 103 Fort Myers, FL 33907		Mailing Address 1500 Colonial Boulevard, Suite 103 Fort Myers, FL 33907	
2. Principal Place of Business <i>4218 SE 20 PL</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc. <i>Unit D-5</i>		Suite, Apt. #, etc. <i>11</i>	
City & State <i>Cape Coral FL</i>		City & State <i>11</i>	
Zip <i>33904</i>	Country <i>Lee</i>	Zip <i>33904</i>	Country <i>Lee</i>
4. FEI Number <i>80-0004042</i>		DO NOT WRITE IN THIS SPACE APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent John P. Milligan, Jr. 1500 Colonial Boulevard, Suite 103 Fort Myers, FL 33907		7. Name and Address of New Registered Agent Name: <i>SAME</i> Street Address (P.O. Box Number is Not Acceptable): City: <i>11</i> State: 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: <i>William J. Rice</i>		DATE: <i>2-22-02</i>	
9. This corporation is eligible to satisfy its intangible filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <i>D</i>	NAME: William F. Rice	TITLE: <i>DPST</i>	NAME: <i>DIRECTOR</i>
STREET ADDRESS: 4218 SE 20th Place	CITY-ST-ZIP: Cape Coral, FL 33904	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <i>TREASURER</i>	NAME: <i>William J. Rice</i>	TITLE: <i>TREASURER</i>	NAME: <i>Calvin Chase</i>
STREET ADDRESS: <i>4218 SE 20th Pl. Cape Coral FL</i>	CITY-ST-ZIP: <i>33904</i>	STREET ADDRESS: <i>4109 SW 27th AVE</i>	CITY-ST-ZIP: <i>CAPE CORAL FL 33914</i>
TITLE: <i>Vice President</i>	NAME: <i>William F. Rice</i>	TITLE:	NAME:
STREET ADDRESS: <i>4218 SE 20th Pl. Cape Coral FL</i>	CITY-ST-ZIP: <i>33904</i>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <i>President</i>	NAME: <i>William J. Rice</i>	TITLE:	NAME:
STREET ADDRESS: <i>4218 SE 20th Pl. Cape Coral FL</i>	CITY-ST-ZIP: <i>33904</i>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <i>Secretary</i>	NAME: <i>W. Metcalf</i>	TITLE:	NAME:
STREET ADDRESS: <i>4433 Victoria Dr. Cape Coral FL</i>	CITY-ST-ZIP: <i>33904</i>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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: <i>William J. Rice</i>		DATE: <i>2-5-002</i>	

CR2034 (11/00)