

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90047 008 ***150.00

DOCUMENT # P02000018225

1. Entity Name

TOWER ELEVATOR SYSTEMS, INC.



Principal Place of Business

4130 NW 10TH AVE
FT LAUDERDALE FL 33309

Mailing Address

4130 NW 10TH AVE
FT LAUDERDALE FL 33309

34020043

2. Principal Place of Business

16205 Old U.S. 41

Suite, Apt. #, etc.

3. Mailing Address

16205 Old US 41

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

FT. MYERS, FL.

Zip
33912

Country
USA

City & State

Fort Myers, FL

Zip
33912

Country
USA

4. FEI Number

04-3617458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TINER, JAMES L
4130 NW 10TH AVE
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

JAMES L. TINER

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

11481 OSPREY LANDING WAY

City

Fort MYERS

FL

Zip Code

33908

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	D	<input type="checkbox"/> Delete
NAME	TINER, JAMES L	
STREET ADDRESS	4130 NW 10TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	TINER, JEAN M	
STREET ADDRESS	4130 NW 10TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINER, JAMES L.	
STREET ADDRESS	11481 OSPREY LANDING WAY	
CITY-ST-ZIP	Fort MYERS, FL 33908	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINER, JEAN M.	
STREET ADDRESS	11481 OSPREY LANDING WAY	
CITY-ST-ZIP	Fort MYERS, FL 33908	
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		

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: Jean Tiner JEAN TINER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04

954-771-7180

Date

Daytime Phone #