


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN -5 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # POZ000045082
1. Entity Name
T&D PROPERTY MAINTENANCE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1995 SE Cambridge dr.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port St. Lucie, FLA

City & State
Port St. Lucie, FL

4. FEI Number
03-0438154

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
DAVID KARPINSKI
Street Address (P.O. Box Number is Not Acceptable)
1995 SE-CAMBRIDGE-dr
Port St. Lucie FL Zip Code
34952

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...

SIGNATURE [Signature] DATE [Date]

(NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT (OWNER) DAVID KARPINSKI 1995 SE Cambridge dr Port St. Lucie, FL 34952</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>200020688392 06/09/03--01087--002 **150.00</u>
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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] Date 5-23-03 Daytime Phone # 772-398-8672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

21615

To Whom it MAY CONCERN

SORRY BUT I DID NOT RECIEVE
MY CORP ANNUAL REPORT NOTICE OF DUE
150.00, SO I AM SENDING IT WITH
THIS LETTER

MY ADDRESS IS:

1295 SE CAMBRIDGE DR.
PORT ST. LUCIE, FL 34958

(T & D PROPERTY MAINTENANCE INC)

THANK YOU



DAVID KARPUSKI