

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000096900

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: TOTAL PROPERTY CARE, INC.

## Current Principal Place of Business:

10278 ALLAMANDA BLVD.  
PALM BEACH GARDENS, FL 33410 PB

## New Principal Place of Business:

## Current Mailing Address:

10278 ALLAMANDA BLVD.  
PALM BEACH GARDENS, FL 33410 PB

## New Mailing Address:

FEI Number: 56-2291137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REESE, SANDRA K  
10278 ALLAMANDA BLVD.  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MICELI, JOSEPH J  
Address: 10278 ALLAMANDA BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410 PB

Title: VP ( ) Delete  
Name: REESE, SANDRA K  
Address: 10278 ALLAMANDA BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410 PB

Title: ST ( ) Delete  
Name: CONWAY, RICHARD W  
Address: 309 LAKE CIRCLE #204  
City-St-Zip: NORTH PALM BEACH, FL 33408 PB

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA K REESE

VP

04/29/2003

Electronic Signature of Signing Officer or Director

Date