

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90112 041 ***150.00

DOCUMENT # P02000105306



1. Entity Name
T & D ELECTRIC, INC.

Principal Place of Business
714 HAYNES ROAD
LAKELAND FL 33809

Mailing Address
714 HAYNES ROAD
LAKELAND FL 33809



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1535458

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADISON PECK, DARRICK
714 HAYES ROAD
LAKELAND FL 33809

Name

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

City

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. 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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MADISON PECK, DARRICK
STREET ADDRESS 714 HAYES ROAD
CITY-ST-ZIP LAKELAND FL 33809

TITLE VD, STD ☒ Change ☐ Addition
NAME madison Peck, Darrick
STREET ADDRESS 714 Haynes Rd
CITY-ST-ZIP Lakeland, FL 33809

TITLE VD ☐ Delete
NAME MAY, TIMOTHY P
STREET ADDRESS 1810 CREEKBEND DRIVE
CITY-ST-ZIP LAKELAND FL 33811

TITLE PD ☒ Change ☐ Addition
NAME MAY, Timothy P.
STREET ADDRESS 60022 Velvet Loop
CITY-ST-ZIP Lakeland, FL 33811

TITLE STD ☒ Delete
NAME GREGORY, KERRY GIRAUD
STREET ADDRESS 5857 MANCHESTER DRIVE WEST
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy P. MAY

4/14/03

863-698-5784

Date

Daytime Phone #

CR2E034 (10/02)