

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

DOCUMENT # P02000112562



1. Entity Name
T & D MECHANICAL SERVICES, INC.

03-27-2003 90310 001 ***150.00
03-27-2003 90310 002 *****8.75

Principal Place of Business
**8738 EXPOSITION DRIVE
TAMPA FL 33628**

Mailing Address
**8738 EXPOSITION DRIVE
TAMPA FL 33628**



2. Principal Place of Business
8738 Exposition Dr.

3. Mailing Address
P.O. Box 340497

CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

City & State
Tampa, FL

4. FEI Number
48-1283456

Applied For
 Not Applicable

Zip
33626

Country
USA

Zip
33694

Country
USA

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

6. Name and Address of Current Registered Agent

**STEELE, DEBORAH L
4512 W. NORTH STREET
TAMPA FL 33614**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	STEELE, DEBORAH L	
STREET ADDRESS	4512 W. NORTH STREET	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEELE, TROY E	
STREET ADDRESS	8738 EXPOSITION DRIVE	
CITY-ST-ZIP	TAMPA FL 33628	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rinberger, Roy E Jr	
STREET ADDRESS	10916 Randolph Siding Rd	
CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Troy E Steele	(Address)
STREET ADDRESS	8738 Exposition Dr	
CITY-ST-ZIP	Tampa FL 33626	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Jane Morris	
STREET ADDRESS	7750 Jodi Lynn Dr.	
CITY-ST-ZIP	Tampa FL 33615	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK E Steele	
STREET ADDRESS	28523 Sonny Dr.	
CITY-ST-ZIP	Wesley Chapel FL 33544	
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: *Troy E. Steele* (813) 967-4291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)