

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # P02000112562

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



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.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 340497
Suite, Apt. #, etc.

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**

☒ CHECK HERE IF MAKING CHANGES

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 NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, DEBORAH L 4512 W. NORTH STREET TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, TROY E 8738 EXPOSITION DRIVE TAMPA FL 33628	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kinberger, Roy E Jr 10916 Randolph Siding Rd Jupiter, FL 33478	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Troy E Steele 8738 Exposition Dr Tampa FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Jane Morris 7750 Jodi Lynn Dr. Tampa FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK E Steele 28523 Sonny Dr. Wesley Chapel FL 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date _____ Daytime Phone # _____

(813) 967-4221

CR2E034 (10/02)