## 2003 FOR PROFIT CORPORATION

## FILED UNIFORM BUSINESS REPORT (UBR) 03 DEC 26 PH 12: 33 DOCUMENT # P02000122927 1. Entity Name T & D INSTALLATIONS OF SARASOTA, INC. SECREMENT OF STATE TALLAH'SSTE TI CAIDA Principal Place of Business Mailing Address 4017 SWIFT ROAD 4017 SWIFT ROAD SARASOTA, FL 34632 SARASOTA, FL 34632 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 41-2067632 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired <del>Fee Re</del>quired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent -PREWETT, DANIEL L 5777 BENEVA ROAD S Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34233 City Zip Code ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this state the obligations of registe, SIGNATURE DATE (NOTE: Recisional Agent signature required when reinstaints) event and tide if applicable FILE NOW!!! FEE IS \$150.00 After May-1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition CRZE034 (10/02) TITLE ☐ Delete Privedaises Dionisio LAMB, JOHN F NAME NAMÉ 4017 Swift Road 4017 SWIFT ROAD STREET ADDRESS STREET ADDRESS SARASOTA, FL 34632 CITY-ST-ZIP Sarasota, FL 34232 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME FERNANDEZ, HUMBERTO NAME STREET ADDRESS 4017 SWIFT ROAD STREET ADDRESS SARASOTA, FL 34632 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change TITLE ☐ Delete ■ Addition NAME BLACKWELL, GUERRY NAME 4017 SWIFT ROAD STREET ADDRESS 200025778962 STREET ADDRESS CITY-ST-2P SARASOTA, FL 34632 CITY-ST-ZIP 12726703---01097 未放后! ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete TOLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 1131 F ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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.

City.st 7IF

SIGNATURE:

CITY-ST-7/P

AND TYPED OR PRINTED NAME OF SIGNATU

12/22/03