

# 2003, FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90119 042 \*\*\*158.75

0002889 AT

DOCUMENT # P02000129462

1. Entity Name

~~NEW TRI-CITY ELECTRICAL CONTRACTORS, INC.~~

Tri-City Electrical Contractors, Inc.



Principal Place of Business

430 WEST PALM VALLEY DRIVE  
OVIEDO FL 32765

Mailing Address

430 WEST PALM VALLEY DRIVE  
OVIEDO FL 32765

2. Principal Place of Business

430 West Drive

Suite, Apt. #, etc.

3. Mailing Address

430 West Drive

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

02-0657423

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

32714

Country

USA

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

6. Name and Address of Current Registered Agent

MCFARLAND, CHARLES W  
430 WEST PALM VALLEY DRIVE  
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name  
Charles W. McFarland

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

City  
Altamonte Springs

FL

Zip Code

32714

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

*Charles W. McFarland*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-15-03

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  
DP  
OLMSTEAD, JACK A  
430 WEST PALM VALLEY DRIVE  
OVIEDO FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
BORDERICK, F. RANCE  
430 WEST PALM VALLEY DRIVE  
OVIEDO FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
CORNELIUS, MICHAEL L  
430 WEST PALM VALLEY DRIVE  
OVIEDO FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
MCFARLAND, CHARLES W  
430 WEST PALM VALLEY DRIVE  
OVIEDO FL 32765 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
430 West Drive  
Altamonte Springs, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
430 West Drive  
Altamonte Springs, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
430 West Drive  
Altamonte Springs, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
430 West Drive  
Altamonte Springs, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CV  
Helmuth L. Eidel  
430 West Drive  
Altamonte Springs, FL 32714 ☐ Change ☒ Addition

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

*Charles W. McFarland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. McFarland, SR. Admin/CEO

4-15-03 407-788-3500

Date

Daytime Phone #

CR2E034 (10/02)