

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90125 014 ***150.00

0626878 AT

DOCUMENT # P30671

1. Entity Name

INSTALLATION TECHNICIANS, INC.

Principal Place of Business

Mailing Address

**HWY 13 N., CORP. CIR. BLDG.
P O BOX 399
KIMBERLING CITY MO 65686
US.**

**HWY 13 N., CORP. CIR. BLDG.
P O BOX 399
KIMBERLING CITY MO 65686
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1534428

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HARTMAN, GERALD, W**
STREET ADDRESS **139 SCHOONER BAY LANDING**
CITY-ST-ZIP **KIMBERLING CITY MO 65686**

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

TITLE **S** ☐ Delete
NAME **NOELL, LINDA**
STREET ADDRESS **9345 STATE HWY 13**
CITY-ST-ZIP **KIMBERLING CITY MO 65686**

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

TITLE **VT** ☐ Delete
NAME **SMITH, DAVID, L**
STREET ADDRESS **399 BOWANZA DR**
CITY-ST-ZIP **KIMBERLING CITY MO 65686**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **399 BOWANZA DR**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NIELSON, STEVEN**
STREET ADDRESS **4440 PGA BLVD SUITE 500**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **D** ☐ Delete
NAME **PLEDGER, THOMAS**
STREET ADDRESS **4440 PGA BLVD SUITE 500**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **D** ☐ Delete
NAME **EKSTROM, JOHN J**
STREET ADDRESS **2108 ALEZANDER CIRCLE NE**
CITY-ST-ZIP **ATLANTA GA 30328**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **30326**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID L SMITH

1-14-02

417-739-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)