

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000032675**

1. Entity Name

TECHNICAL CONSTRUCTION OF PINELLAS COUNTY, INC.**FILED**
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90026 025 ***150.00

Principal Place of Business

P.O. BOX 2064
TARPON SPRINGS FL 34688

Mailing Address

P.O. BOX 2064
TARPON SPRINGS FL 34688**623225**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3242829**

Applied For

Not Applicable

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

LOVE, JEFF
409 S. SPRING BLVD
TARPON SPRINGS FL 34689Name **JEFF LOVE**

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

522 E LEMON STCity **TARPON SPRINGS** **FL** Zip Code **34689**

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

JEFF LOVE PRES**2-10-01**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	LOVE, JEFF	409 S. SPRING BLVD	TARPON SPRINGS FL 34689	<input type="checkbox"/>	P	LOVE JEFF	522 E LEMON ST	TARPON SPRINGS, FL 34689	<input type="checkbox"/>	<input type="checkbox"/>
VP	LOVE, AIAN	409 S. SPRING BLVD	TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/>	V.P.	INNO, FRANK	409 S SPRING BLVD	TARPO SPRINGS, FL 34689	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	INNO, FRANK	409 S. SPRING BLVD	TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/>	S	ORHASKY, JOEL	6015 GINNY DR	PORT RICHEY, FL 34668	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

JEFF LOVE**2-10-01**

Date

727-423-3048

Daytime Phone #

CR2E034 (10/00)