

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

UIC 34 AI

DOCUMENT # P95000009608

1. Entity Name
TIDWELL ELECTRIC COMPANY, INC.

08-01-2001 90200 002 ***550.00

Principal Place of Business
501 S FAULKENBURG RD
A-5
TAMPA FL 33619
US

Mailing Address
614 RED ROBIN RD.
SEFFNER FL 33584

00060499



2. Principal Place of Business

3. Mailing Address

2317 N Falkenburg Rd **2317 N Falkenburg Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa, FL

Tampa, FL

4. FEI Number **59-3307486**

Applied For
 Not Applicable

Zip **33619**

Country

Hills

Zip **33619**

Country

Hills

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

YANGER, WILLIAM L
614 RED ROBIN RD.
SEFFNER FL 33584

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **TIDWELL, FRANK**
 STREET ADDRESS **614 RED ROBIN RD.**
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **P** ☒ Change ☐ Addition
 NAME **Tidwell, Frank**
 STREET ADDRESS **5706 Eaglepoint Pl**
 CITY-ST-ZIP **Lithia, FL 33619**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

SIGNATURE OF TIDWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-01 (813) 684-3127

Date Daytime Phone #

CR2E034 (5/01)