

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P96000002627

1. Entity Name

T. M. CONSTRUCTION SPECIALIST, INC.

02 OCT 15 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1434 SW SEAGULL WAY
PALM CITY FL 34990

Mailing Address

1434 SW SEAGULL WAY
PALM CITY FL 34990

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

65-0641048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MASON, TIMOTHY R
1434 S.W. SEAGULL WAY
PALM CITY FL 34990

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

TIMOTHY R. MASON

10/9/02

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 13, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MASON, TIMOTHY R
1434 SW SEAGULL WAY
PALM CITY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100008423681
10/17/02--01039--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY R. MASON

Date

Daytime Phone #

10/9/02

CR2004 (4/02)

Attachment

Florida Department of State
Division of Corporation

Re: Uniform Business Report
Document # 96000002627
FEI # 65-064-1048

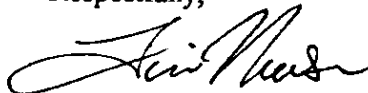
678491

As instructed by your office, per our telephone conversation, I have attached a check in the amount of \$150.00.

The original application was not received.

Your consideration in this matter would be greatly appreciated, and I was also informed that this is a one-time privilege. I have made a note to look for the 2003 UBR in January, 2003, and per your instructions if I have not received it by February 1, 2003, to contact your office. Thank you for your assistance with this matter. You may contact me at (772)-288-6704

Respectfully,



Timothy R. Mason
President
T M Construction Specialists, Inc.
1434 SW Seagull Way
Palm City, FL 34990