

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90718 046 \*\*\*150.00

**DOCUMENT # P96000072917**

**1. Entity Name**  
**TOTAL CONTROL SOLUTIONS CORP.**



**Principal Place of Business**  
**7335 LOGHOUSE ROAD**  
**PLANT CITY FL 33565**  
**US**

**Mailing Address**  
**506 SHAMROCK RD**  
**BRANDON FL 33511**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

**7335 Loghouse Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Plant City, Florida**

Zip

Country

Zip

Country

**33565 USA**

**4. FEI Number**

**59-3398246**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**STILES, PETER RODNEY**  
**7335 LOGHOUSE ROAD**  
**PLANT CITY FL 33565**

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

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PSTD ☐ Delete  
**NAME** STILES, PETER RODNEY  
**STREET ADDRESS** 7335 LOGHOUSE ROAD  
**CITY-ST-ZIP** PLANT CITY FL 33565

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

**TITLE** V ☒ Delete  
**NAME** MORNINGSTAR, KENNITH PRICE  
**STREET ADDRESS** 506 SHAMROCK ROAD  
**CITY-ST-ZIP** BRANDON FL 33511

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

**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 information.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

**PETER STILES**

**02-28-03**

**(813) 917-1840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)