1/8/01

FILED
SECRETARY OF STATE
01-08-2001 90010 046 ***150.00

01 APR 20 AM 9:28

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087595

1. Entity Name
TINTERA'S ELECTRICAL SERVICES, INC.

Principal Place of Business	Mailing Address
4509 N NEBRASKA AVE TAMPA FL 33603	4509 N NEBRASKA AVE TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
TINTERA'S ELECTRICAL SERVICES, INC. (813) 238-3395 4509 N. Nebraska Ave TAMPA, FL 33603-4148	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3479704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name
Street Address
City
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: Nelida Juarez (President) Lynn Tintera V.P. 1/2/01

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 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 NAME JUAREZ, NELIDA STREET ADDRESS 4509 N NEBRASKA AVE CITY-ST-ZIP TAMPA FL 33603	☐ Delete	TITLE V.P. NAME LYNN Tintera STREET ADDRESS 4509 N. Neb. Ave. CITY-ST-ZIP Tampa, FL. 33603	☐ Change ☒ Addition
TITLE V.P. NAME LYNN Tintera STREET ADDRESS 4509 N. Nebraska Ave CITY-ST-ZIP Tampa, FL. 33603	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Nelida Juarez (President) Lynn Tintera 1/2/01 813 238-3395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/20