

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91541 001 *2,100.00

0612568 AT

DOCUMENT #. P98000014379

1. Entity Name

TRI-CITY ELECTRICAL CONTRACTORS, INC.

Principal Place of Business

**430 WEST DRIVE
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**3 GREENWAY PLAZA
 SUITE 2000
 HOUSTON TX 77046**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number

59-3496182

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 \$150.00
 After May 1, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLAND, HENRY P	
STREET ADDRESS	3 GREENWAY PLAZA 2000	
CITY-ST-ZIP	HOUSTON TX 77046	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOVE, WILLIAM P JR	
STREET ADDRESS	9401 INDIAN CREEK PWY	
CITY-ST-ZIP	OVERLAND PARK KS 66210	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EIDEL, HELMUTH L	
STREET ADDRESS	430 WEST DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BEASLEY, DAVID M	
STREET ADDRESS	430 WEST DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCFARLAND, CHARLES W	
STREET ADDRESS	430 WEST DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OLMSTEAD, JACK	
STREET ADDRESS	430 WEST DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gray H. Muzzy	
STREET ADDRESS	3 Greenway Plaza, Ste. 2000	
CITY-ST-ZIP	Houston, TX 77046	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd A. Matherne	
STREET ADDRESS	3 Greenway Plaza, Ste. 2000	
CITY-ST-ZIP	Houston, TX 77046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gray H. Muzzy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gray H. Muzzy

Date

3-5-02

Daytime Phone #

CR2E034 (9/01)