

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**  
 05-24-2002 91311 005 \*\*\*150.00

0122252 AV

**DOCUMENT # P98000068441**

**1. Entity Name**  
**TIB'S ELECTRICAL CONTRACTORS, INC.**

**Principal Place of Business**

**7 INDIAN STREET**  
**MERRITT ISLAND FL 32952**

**Mailing Address**

**7 INDIAN STREET**  
**MERRITT ISLAND FL 32952**

**#0114396**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3585 N. COURTENAY PARKWAY**

Suite, Apt. #, etc.

**#3**

**3. Mailing Address**

**3585 N. COURTENAY PARKWAY**

Suite, Apt. #, etc.

**#3**

**City & State**

**MERRITT ISLAND, FL**

**Zip**

**32953**

**Country**

**USA**

**City & State**

**MERRITT ISLAND, FL**

**Zip**

**32953**

**Country**

**USA**

**4. FEI Number**

**59-3526232**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

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

**THIBIDEAU, JOSEPH JR.**  
**7 INDIAN ST.**  
**MERRITT ISLAND FL 32952**

**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.**

**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** ☐ Delete  
**NAME** **THIBIDEAU, REYNOLD J SR.**  
**STREET ADDRESS** **1089 HERMOSA DRIVE**  
**CITY-ST-ZIP** **ROCKLEDGE FL 32955**

**TITLE** **D** ☐ Delete  
**NAME** **THIBIDEAU, REYNOLD J JR.**  
**STREET ADDRESS** **7 INDIAN ST.**  
**CITY-ST-ZIP** **MERRITT ISLAND FL 32952**

**TITLE** **D** ☒ Delete  
**NAME** **LAMONTAGNE, PAUL**  
**STREET ADDRESS** **1155 N. COURTENAY PKWY.**  
**CITY-ST-ZIP** **MERRITT ISLAND FL 32952**

**TITLE** ☐ Delete  
**NAME** **[REDACTED]**  
**STREET ADDRESS** **[REDACTED]**  
**CITY-ST-ZIP** **[REDACTED]**

**TITLE** ☐ Delete  
**NAME** **[REDACTED]**  
**STREET ADDRESS** **[REDACTED]**  
**CITY-ST-ZIP** **[REDACTED]**

**TITLE** ☐ Delete  
**NAME** **[REDACTED]**  
**STREET ADDRESS** **[REDACTED]**  
**CITY-ST-ZIP** **[REDACTED]**

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

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

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

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

**TITLE** ☐ Change ☒ Addition  
**NAME** **PHYLLIS KENNEDY-THIBIDEAU**  
**STREET ADDRESS** **7 INDIAN STREET**  
**CITY-ST-ZIP** **MERRITT ISLAND, FL 32952**

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

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

**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**

**Reynold J. Thibideau SR. - THIBIDEAU** **4/29/02**  
**32953-6066**

**NAME OF OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (9/01)