

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90193 042 \*\*\*150.00

DOCUMENT # **P99000010305**

1. Entity Name  
**T & D ENTERPRISES OF SPRING HILL, FL, INC.**



Principal Place of Business  
**3289 ABELINE ROAD  
SPRING HILL FL 34608**

Mailing Address  
**POST OFFICE BOX 5252  
SPRING HILL FL 34611**



2. Principal Place of Business

**14624 LINDEN DR**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**SPRING HILL FL**

City & State

4. FEI Number **59-3555910**

Applied For  
Not Applicable

Zip **34609** Country **HERNANDO**

Zip Country

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

**LYONS, DIANE  
3289 ABELINE ROAD  
SPRING HILL FL 34608**

Name **DIANE LYONS**  
Street Address (P.O. Box Number is Not Acceptable)

**14624 LINDEN DRIVE**  
City **SPRING HILL FL** Zip Code **34609**

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)

**3/30/03**  
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 **D** ☐ Delete  
NAME **LYONS, DIANE**  
STREET ADDRESS **3289 ABELINE ROAD**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Change ☐ Addition  
NAME **LYONS, DIANE**  
STREET ADDRESS **14624 LINDEN DR**  
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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 like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/03** **352 688 5000**  
Date Daytime Phone #

CR2E034 (10/02)