

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90022 012 ***150.00

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1. Entity Name
TECHNICAL FIELD SERVICE, INC.

Principal Place of Business
**161 BLANDING BLVD
ORANGE PARK FL 32073
US**

Mailing Address
**161 BLANDING BLVD
ORANGE PARK FL 32073
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3613468

Applied For

Not Applicable

Zip

Country

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

**REYES, RONALD P
3984 CROSS CREEK RD.
JACKSONVILLE FL 32277**

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 ☐ Delete
NAME **DP**
STREET ADDRESS **REYES, RONALD P**
CITY-ST-ZIP **3984 CROSS CREEK RD.
JACKSONVILLE FL 32277**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **NELSON, RICHARD T**
CITY-ST-ZIP **10873 CREEKVIEW DR.
JACKSONVILLE FL 32225**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SCHUETZ, ALAN L**
CITY-ST-ZIP **3984 CROSS CREEK RD.
JACKSONVILLE FL 32277**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2526 Horseshoe Bend Rd**
CITY-ST-ZIP **Middleburg FL 32068**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LAROSA, ROBERTO L**
CITY-ST-ZIP **2760 STONEHEDGE COURT SOUTH
JACKSONVILLE FL 32224**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Alan Schuetz
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

1/6/03

904-278-5250

CR2E034 (10/02)