

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110185

1. Entity Name

TOTAL CONTROL, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-05-2000 90046 012 ***150.00

Principal Place of Business

Mailing Address

540 4TH STREET NORTH
ST PETERSBURG FL 33701-2302

540 4TH STREET NORTH
ST PETERSBURG FL 33701-2302

2. Principal Place of Business

540 - 4th Street North

3. Mailing Address

540 - 4th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3632342

Applied For

Not Applicable

Zip

33701

Country

USA

Zip

33701

Country

USA

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

DANN, PHILIP W

540 4TH STREET NORTH
ST PETERSBURG FL 33701-2302

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, 2000 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 **President**
NAME **None - Same as R.A.**
STREET ADDRESS **per para 6**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip W. Dann (incorporator) 5/26/00 727/822-5656

Date

Daytime Phone #

CR2E034 (9/99)