


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90067 013 ***550.00

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| | |
|--|---|
| DOCUMENT # S64972 |  |
| 1. Entity Name T AND T CONSTRUCTION INCORPORATED | |

| | |
|---|---|
| Principal Place of Business 8423 QUAIL HOLLOW BLVD. WESLEY CHAPEL FL 33544 US | Mailing Address 8423 QUAIL HOLLOW BLVD. WESLEY CHAPEL FL 33544 US |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------|-------------------------|
| City & State | City & State |
| Zip | Country |

| | |
|--|---|
| 4. FEI Number 59-3072730 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |



☒ CHECK HERE IF MAKING CHANGES

| |
|---|
| 6. Name and Address of Current Registered Agent |
| TSOURAKIS, COSTAS P 8423 QUAIL HOLLOW BLVD ZEPHYRHILLS FL 33544 |

| |
|--|
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|------------------------|
| TITLE | NAME |
| P | TSOURAKIS, COSTAS P |
| STREET ADDRESS | 8423 QUAIL HOLLOW BLVD |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33544 |
| <input type="checkbox"/> Delete | |
| TITLE | NAME |
| SV | TSOURAKIS, SUSAN M |
| STREET ADDRESS | 8423 QUAIL HOLLOW BLVD |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33544 |
| <input type="checkbox"/> Delete | |
| TITLE | NAME |
| M | WATSON, PATRICK |
| STREET ADDRESS | 8423 QUAIL HOLLOW BLVD |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33544 |
| <input checked="" type="checkbox"/> Delete | |
| TITLE | NAME |
| | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| <input type="checkbox"/> Delete | |
| TITLE | NAME |
| | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| <input type="checkbox"/> Delete | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|
| TITLE | NAME |
| | M |
| STREET ADDRESS | Partheni C. Tsourakis |
| CITY-ST-ZIP | 8423 Quail Hollow Blvd Wesley Chapel, FL 33544 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE | NAME |
| | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME |
| | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: Susan Tsourakis **5-2-03** **3147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **DAYTIME PHONE #**

CR2E034 (10/02)