

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90199 029 ***150.00

00004372



DO NOT WRITE IN THIS SPACE

DOCUMENT # S75386

1. Entity Name

TOWER SOURCE, INC.

Principal Place of Business

Mailing Address

14860 SIX MILE CYPRESS PKWY
 FT. MYERS FL 33912

14860 SIX MILE CYPRESS PKWY
 FT. MYERS FL 33912-4406

2. Principal Place of Business

3. Mailing Address

5571 HALIFAX AVE

5571 HALIFAX AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

65-0279127

Applied For

Not Applicable

Zip

33912

Country

Zip

33912

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOLAND, JOHN A.
 1715 MONROE ST.
 FORT MYERS FL 33901

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, DANIEL R.	
STREET ADDRESS	14860 SIX MILE CYPRESS P	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNEW, QUINTON B.	
STREET ADDRESS	14860 SIX MILE CYPRESS P	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	HARPER, DANIEL S.	
STREET ADDRESS	14860 SIX MILE CYPRESS P	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROZA, DENIS J.	
STREET ADDRESS	14860 SIX MILE CYPRESS P	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRIDLEY, R. FREDERICK	
STREET ADDRESS	14860 SIX MILE CYPRESS P	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	INGE, RONALD E.	
STREET ADDRESS	14860 SIX MILE CYPRESS P	
CITY-ST-ZIP	FT. MYERS FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)