

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 510020

1. Entity Name

TRI-SUN BUILDERS, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90054 031 ***158.75

Principal Place of Business

21007 BACHMANN BLVD
PT CHARLOTTE FL 33952
US

Mailing Address

P.O. BOX 380159
MURDOCK FL 33938-0159

2. Principal Place of Business

21013 Bachmann Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pt. Charlotte, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1714668

Applied For

Not Applicable

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

POLK, JOHN L
141 W MARION AVE
PUNTA GORDA FL 33950

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	VP	<input checked="" type="checkbox"/> Delete
NAME	DORO, TINA M	
STREET ADDRESS	9242 SWEDEN BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	TP	<input checked="" type="checkbox"/> Delete
NAME	DIRMEYER, BILLIE J	
STREET ADDRESS	20169 MT. PROSPECT BLVD.	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIRMEYER, BILLIE J	
STREET ADDRESS	20169 MT PROSPECT BLVD	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIRMEYER, LARRY J	
STREET ADDRESS	20169 MT PROSPECT BLVD	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRMEYER, BILLIE J	
STREET ADDRESS	20169 MT. PROSPECT BLVD	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33952	
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

3-27-00

Date

941-624-9127

Daytime Phone #

CR2E034 (9/99)