2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # K34061** TRI-EXCELLENCE, INC. 03-15-2000 90126 044 ***158.75 Mailing Address Principal Place of Business % MARC H. BANNING % MARC H. BANNING 12595 S BELCHER RD 12595 S BELCHER RD LARGO FL-34648-LARGO FL 33773-3015 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suité, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2908664 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired 33773 .Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BANNING, MARC H. Street Address (P.O. Box Number is Not Acceptable) 4175 CHESTERFIELD CIR PALM HARBOR FL 34683 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE BANNING, MARC HENSLEIGH NAME NAME STREET ADDRESS 4175 CHESTERFIELD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Change ☐ Addition ☐ Delete TITI F BANNING, THERESE ELENA NAME NAME STREET ADDRESS 4175 CHESTERFIELD CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 accurate an equired 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 lif

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR