

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 379631

1. Entity Name

CENTRAL FLORIDA TRI-M CORPORATION

Principal Place of Business

43 N. WESTMORELAND
ORLANDO FL 32805

Mailing Address

43 N. WESTMORELAND
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1354390

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

MASZY, JOHN L.
43 N.WESTMORELAND DRIVE
ORLANDO FL 32805

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, 2002 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
NAME MASZY, STEPHEN
STREET ADDRESS 10984 GOTHA RD
CITY- ST- ZIP GOTHA FL ☐ Delete

TITLE PD
NAME MASZY, JOHN L
STREET ADDRESS 1105 MAIN ST., P.O. BOX 855 N/A
CITY- ST- ZIP WINDERMERE, FL 00000 34786 ☐ Delete

TITLE STD
NAME MASZY, SANDRA H
STREET ADDRESS 1105 MAIN ST., P.O. BOX 855 N/A
CITY- ST- ZIP WINDERMERE FL 34786 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MASZY, STEPHEN (D) ☒ Change ☐ Addition
STREET ADDRESS 728 Oakdale Street
CITY- ST- ZIP Windermere, FL 34786

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. MASZY

4/12/02 407 422 6226

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)