

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90325 033 ***150.00

0472218

DOCUMENT # 514687

1. Entity Name
TRI-COUNTY WOODWORKING, INC.

Principal Place of Business
U.S. HIGHWAY 19 NORTH
PO BOX 1396
CHIEFLAND FL 32626

Mailing Address
U.S. HIGHWAY 19 NORTH
PO BOX 1396
CHIEFLAND FL 32626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12371 NW 162 Ave.
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 1396
 Suite, Apt. #, etc.

City & State
Chiefland FL
 Zip
32626
 Country
Levy

City & State
Chiefland FL
 Zip
32644
 Country
Levy

4. FEI Number **59-1704453**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ICE, KEITH J.
U.S. HIGHWAY 19 NORTH
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1618 NE 2nd Street

City
Chiefland

FL

Zip Code
32626

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, 2001 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
PS
 NAME
ICE, KEITH J.
 STREET ADDRESS
U.S. HIGHWAY 19 NORTH
 CITY-ST-ZIP
CHIEFLAND FL ☐ Delete

TITLE
TD
 NAME
ICE, KEITH J.
 STREET ADDRESS
U.S. HIGHWAY 19 NORTH
 CITY-ST-ZIP
CHIEFLAND FL ☐ 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Keith J. Ice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 493-1238

CR2E034 (10/00)