2000 UNIFORM BUSINESS REPORT (UBR) 3 DOCUMENT # **7333339** May 01, 2000 8:00 am 1. Entity Name Secretary of State TRI-COUNTY CENTRAL OFFICE, INC. 03-01-2000 90063 003 ****61.25 Principal Place of Business Mailing Address 8019 N. HIMES #506 8019 N. HIMES #506 **TAMPA FL 33614** TAMPA FL 33614-2763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1605474 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IMOTHY W. SMITH Street Address (P.O. Box Number is Not Acceptable) CHURCH, TOM-8019 N. HIMES STE 506 Zip Code **TAMPA FL 33614** 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 1D. Addition CD TIFLE TITLE NAME NAME CANTWELL, RICK Dele STREET ADDRESS STREET ADDRESS 350 LAKEWOOD APT 127 CITY-ST-ZIP City-ST-ZIP BRANDON FL 33510 Addition Addition ☐ Change VCD Delete TITLE ALEX PETRILAK 13617 CLUBSIDE DR. WILLIAMS, GEORGE NAME NAME 12401 N 22ND #211 STREET ADDRESS STREET ADDRESS TAMPA, FEDRIDA CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 - 🗌 Change 💳 🛣 Addition TITLE X Delete NAME 21619 Cottage EN HAWKINS, OVIDA NAME STREET ADDRESS STREET ADDRESS 14626 VILLAGE GLEN CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE Change Addition TITLE MIKE MY GUCKEN NAME NAME 2116 DAK CLARE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Defete TIYLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

73/49/60UIRED

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: