

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F65649

1. Entity Name

TRISONS MAINTENANCE SPECIALISTS, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90041 009 ***150.00

042769

Principal Place of Business

1880 N. HERCULES AVE
UNIT F
CLEARWATER FL 34625
US

Mailing Address

1778 BIARRITZ CIRCLE
TARPOON SPRINGS FL 34689
US

2. Principal Place of Business

3. Mailing Address

1880 N Hercules Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit F

City & State

City & State

Clearwater FL

Zip

Country

Zip

Country

33765

Pinellas

6. Name and Address of Current Registered Agent

4. FEI Number 59-2154828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LAMKIN, DOUGLAS N
STREET ADDRESS 1778 BIARRITZ CIRCLE
CITY-ST-ZIP TARPOON SPRINGS FL 34689 ☐ Delete

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

TITLE VD
NAME LAMKIN, DOUGLAS T
STREET ADDRESS 1778 BIARRITZ CIRCLE
CITY-ST-ZIP TARPOON SPRINGS FL 34689 ☐ Delete

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

TITLE ST
NAME LAMKIN, KATHLEEN
STREET ADDRESS 1778 BIARRITZ CIRCLE
CITY-ST-ZIP TARPOON SPRINGS FL 34689 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

722-423-1986

Daytime Phone #

CR2E034 (10/00)