

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90005 026 ***558.75

DOCUMENT # F84913

1. Entity Name
TRI-ANGLE MAINTENANCE SERVICES, INC.

Principal Place of Business
 2840 WEST BAY DR
 #108
 BELLEAIR BLUFFS FL 33770
 US

Mailing Address
 2840 WEST BAY DR
 #108
 BELLEAIR BLUFFS FL 33770
 US

2. Principal Place of Business
 1822 Drew St
 Suite, Apt. #, etc.
 Suite #2

3. Mailing Address
 Same
 Suite, Apt. #, etc.

City & State
 Clearwater, FL

City & State
 Clearwater, FL

Zip
 33765

Country
 USA

4. FEI Number **59-2504512**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SMELTZ, CARLA
 2840 WEST BAY DR
 BELLEAIR BLUFFS FL 33770

7. Name and Address of New Registered Agent
 Name
 William Whitten
 Street Address (P.O. Box Number is Not Acceptable)
 1822 Drew St
 Suite #2
 City
 Clearwater FL Zip Code
 33765

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 William R. Whitten William R. Whitten 6/27/01
 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD. TRICE, JEAN 630 BO BANKS RD GRANTVILLE GA 30220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMELTZ, CARLA 2840 WEST BAY DR #108 BELLEAIR BLUFFS FL 33-7706 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jean Trice Jean Trice 5 770-593-3147
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
 770-593-7654

0371779

CR2E034 (10/00)