

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2000 8:00 am
Secretary of State
 08-23-2000 90030 004 ***550.00

DOCUMENT # G80200

1. Entity Name

TRI-COUNTY ENGINEERING AND LAND SURVEYING ASSOCI

Principal Place of Business

19240 E PENNSYLVANIA
 P O BOX 2031
 DUNNELLON FL 34432
 US

Mailing Address

PO BOX 2031
 DUNNELLON FL 34430
 US

2. Principal Place of Business

11995 S. OHIO ST.

3. Mailing Address

P.O. Box 2031

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNNELLON, FLORIDA

City & State

DUNNELLON, FL.

4. FEI Number

59-2479845

Applied For

Not Applicable

Zip

Country

34431

MARION

Zip

Country

34430

MARION

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

WILSON, STEPHEN B.
19240 E PENNSYLVANIA AVE
DUNNELLON FL 34432

Name

ROBERT T. Williams

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

11995 S. OHIO ST.

City

DUNNELLON

FL

Zip Code

34431

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

Robert T. Williams

ROBERT T. Williams

8-22-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
 NAME **WILSON, STEPHEN B.**
 STREET ADDRESS **11051 SE 40TH ST**
 CITY-ST-ZIP **MORRISTON FL**

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

TITLE **V** ☐ Delete
 NAME **WILLIAMS, ROBERT T.**
 STREET ADDRESS **106 PALATKA DRIVE**
 CITY-ST-ZIP **DUNNELLON FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Robert T. Williams **ROBERT T. Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-00

Date

(352) 989-0455

Daytime Phone #

CR2E034 (5/00)