

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -7 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G96639

1. Entity Name  
TRI-REGENCY INC.



Principal Place of Business  
2699 LEE ROAD  
SUITE 415  
WINTER PARK, FL 32789

Mailing Address  
2699 LEE ROAD  
SUITE 415  
WINTER PARK, FL 32789

2. Principal Place of Business

3. Mailing Address

P.O. Box 65

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALEXANDRIA BAY N.Y.

Zip

Country

Zip

Country

13607

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2414918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOHER, BOB  
2699 LEE ROAD  
SUITE 415  
WINTER PARK, FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when submitting)

DATE

FILE NOW!! FEE IS \$180.00  
As of May 1, 2003 Fee will be \$550.00  
Amended UBR is \$61.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
JONES, DAVE  
106 STROWGER BLVD., BOX 596  
BROCKVILLE, ONTARIO K6V5V7, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700023620547  
10/07/03--01057--012 \*\*\$50.00

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

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 empowered to execute this report as required by Chapter 607, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MALAKILL

SEP 19, 2003

Daytime Phone #

613-

341-3791

CR2E034 (10/02)

2/10/12

**Tri-Regency Inc.**

P.O. Box 65  
Alexandria Bay, N.Y. 13607



Thursday, October 2, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500,  
Tallahassee FL 32302 - 1500

Dear Sirs:

I enclose the following for your attention:

2003 Uniform Business Report, and,  
Cheque payable to Florida Department of Revenue in the amount of  
\$550.00 in payment of filing fees with this report.

Please change the mailing address on your records to P.O. Box 65, Alexandria Bay, NY 13607, as shown in Box 3 of the UBR.

If you have any questions, please contact the writer at 613-341-3791. Thank you.

Yours truly,



David I. D. Macaskill  
CFO

DIDM/hs  
Encl.