

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90017 015 ***150.00

DOCUMENT # H48958

1. Entity Name

TRI-CITY DIVERSIFIED SERVICES, INC.

Principal Place of Business

**3713 OLD DELAND ROAD
 DAYTONA BEACH FL 32124**

Mailing Address

**3713 OLD DELAND ROAD
 DAYTONA BEACH FL 32124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2562109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BLACK, JOANNE
 103 E. INTERNATIONAL SPEEDWAY BLVD.
 DAYTONA BCH. FL 32118**

7. Name and Address of New Registered Agent

Name **CHERYL LANKFORD**
 Street Address (P.O. Box Number is Not Acceptable)
220 EAST NEW YORK AVE.
 City **DELAND** FL Zip Code **32724**

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, 2002 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	STD	<input type="checkbox"/> Delete
NAME	SUMMERS, L. J.	
STREET ADDRESS	736 S. BEACH ST.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LANKFORD, CHERYL	
STREET ADDRESS	220 E. NEW YORK AVE.	
CITY-ST-ZIP	DELAND FL 32721	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BILL C.	
STREET ADDRESS	3571 N. RIDGEWOOD AVENUE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANKFORD, LARRY	
STREET ADDRESS	220 E NEW YORK AVE	
CITY-ST-ZIP	DELAND FL 32721	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODWARD, MARILYN	
STREET ADDRESS	167 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLACK, JOANNE	
STREET ADDRESS	103 E INTERNATIONAL SPEEDWAY BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERYL LANKFORD	
STREET ADDRESS	220 E. NEW YORK AVE.	
CITY-ST-ZIP	DELAND, FL. 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VIC - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNE BLACK	
STREET ADDRESS	103 E. INTERNATIONAL SPEEDWAY BLVD.	
CITY-ST-ZIP	DAYTONA BCH, FL 32118	

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:

CHERYL LANKFORD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

386-734-2244

Daytime Phone #

CR2E034 (9/01)