

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90140 029 \*\*\*150.00

DOCUMENT # H49975

1. Entity Name  
TRYCON, INC.

Principal Place of Business  
1180 SPRING CENTRE S BLVD  
STE 211  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address  
1180 SPRING CENTRE SO BLVD  
STE 211  
ALTAMONTE SPRINGS FL 32714  
US

953972



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**300 INTERNATIONAL PKWY.**

3. Mailing Address  
**300 INTERNATIONAL PKWY.**

Suite, Apt. #, etc.  
**SUITE 184**

Suite, Apt. #, etc.  
**SUITE 184**

City & State  
**HEATHROW FL**

City & State  
**HEATHROW FL**

4. FEI Number  
**59-2576681**

Applied For  
☐ Not Applicable

Zip  
**32746**

Country  
**USA**

Zip  
**32746**

Country  
**USA**

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

LUBINSKY, TERRY  
2180 W. STATE ROAD, 434  
SUITE 6184  
LONGWOOD FL 32779

Name **LUBINSKY, TERRY**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 INTERNATIONAL PKWY.**  
**SUITE 184**  
City **HEATHROW** FL Zip **32746**

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 *Terry Lubinsky* DATE 4-16-01  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUBINSKY, TERRY</b> <b>1180 SPRING CENTRE SO BLVD STE 211</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANNON, FRANK J.</b> <b>1180 SPRING CENTRE SO BLVD STE 211</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LUBINSKY, TERRY</b> <b>300 INTERNATIONAL PKWY. #184</b> <b>HEATHROW FL 32746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CANNON, FRANK J.</b> <b>300 INTERNATIONAL PKWY. #184</b> <b>HEATHROW FL 32746</b>	<input checked="" 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
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

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: *Terry Lubinsky* DATE 4-16-01 DAYTIME PHONE # 407 808 8949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)