

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90053 001 ***158.75
 07-12-2000 90053 002 ***400.00

DOCUMENT # H79444

1. Entity Name

TRIZIS, INC.

Principal Place of Business

Mailing Address

~~2839 ROOSEVELT BLVD~~
~~2123 NE COACHMAN RD., STE B~~
~~CLEARWATER FL 34620~~

~~2839 ROOSEVELT BLVD~~
~~2123 NE COACHMAN RD., STE B~~
~~CLEARWATER FL 34620~~

2. Principal Place of Business

3. Mailing Address

2839 ROOSEVELT BLVD
 Suite, Apt. #, etc.

2839 ROOSEVELT BLVD
 Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-2590612

Applied For

Not Applicable

Zip
 33773

Country
 USA

Zip
 33773

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

HOSKINS, ROBERT L., III
 2123 NE COACHMAN RD., STE B
 CLEARWATER FL 34625

Name

STEVE TRIZIS

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

2839 ROOSEVELT BLVD.

City

CLEARWATER, FL

Zip Code

33773

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, 2000 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	PST	<input type="checkbox"/> Delete
NAME	TRIZIS, STEVE	
STREET ADDRESS	2839 ROOSEVELT BLVD.	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 (34) (1/99)