2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J67804 **DOCUMENT #**

1. Entity Name

SIGNATURE:

TRI-COUNTY CONCRETE CUTTING, INC.

Principal Pla % MACK M. I 1725 SUNWO LONGWOOD I	OD DR	es s	% M A 1725	Mailing Address MACK M. BARNES 1725 SUNWOOD DR LONGWOOD FL 32779								
2. Principal I	Place of Busi	ness	3. Ma	3. Mailing Address								
Suite, Apt	. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	4. FEI Number 59-2801984				oplied For
Zip	Country			p Country		try	5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name	and Address	of Current Registere				7.	7. Name and Address of New Registered Agent				
	ji.	·			Name						.	
BARNES,	Mack M Iwood dr			Stro			et Address (P.O. Box Number is Not Acceptable)					
	OD FL 3277	70										
LONGNO	OD FL 32//	9										
						City				FL	Zip Cod	e
8. The above the obligation	named entit tions of regis	y submits this s tered agent.	atement for the purp	ose of changing its	registere	ed office or	registered ag	gent, or both, in the Sta	ate of Florida.	I am far	miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of re-	gistered agent and title if app	licable. (NOTE	: Registered	l Agent signatur	e required when r	einstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Camp Trust Fund Co		ng 🔲		May Be d to Fees
10.	T	OFFIC	ERS AND DIRECTO	DIRECTORS 11.			AD	DITIONS/CHANGES	TO OFFICER	S AND C	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Barnes, 1 1725 Sun' Longwoo	WOOD DR		□ Delete						(Change	Addition
ITLE IAME TREET ADDRESS SITY-ST-ZIP				☐ Delete						[Change	☐ Addition
ITLE IAME ITREET ADDRESS CITY-ST-ZIP		. مومود		☐ Delete			سدان الوالد		^-		Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP				☐ Delete						ſ	Change	Addition
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ITLE AME TREET ADDRESS		y- 		☐ Delete	TITLE NAME STREE					С	_ 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 REQUIRED

FILED

Daytime Phone #

Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90164 035 ***150.00