

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90337 024 ***150.00

DOCUMENT # K01976

1. Entity Name
TRI-AD GRAPHICS, INC.

Principal Place of Business

**4222 FOWLER ST
 FT MYERS FL 33901
 US**

Mailing Address

**4222 FOWLER ST
 FT MYERS FL 33901
 US**

2. Principal Place of Business

**7801 TWIN EAGLE LANE
 Suite, Apt. #, etc.**

3. Mailing Address

**7801 TWIN EAGLE LN.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
St. Myers, Fl.

Zip
33912

Country
Lee

City & State
St. Myers, Fl.

Zip
33912

Country
Lee

4. FEI Number **65-0069648**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SANDERS, LYMAN E.
 4222 FOWLER ST
 FT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name
LYMAN E. SANDERS
 Street Address (P.O. Box Number (Not Acceptable))
7801 TWIN EAGLE LANE
 City
St. Myers **FL** Zip Code
33912

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 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 SANDERS, LYMAN E.
 4222 FOWLER ST
 FT. MYERS FL 33901** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ST
 MELTON, JULIE
 4222 FOWLER ST
 FT MYERS FL 33901** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 17, 2002
 Date Daytime Phone #

CR2E034 (4/02)

attachment

K01976

July 17, 2002

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500


Katherine Harris or To Whom it May Concern:

This is to advise you that this is the first notice I
have received for the 2002 Uniform Business Report.

I am asking that you kindly waive the late fee. Enclosed
you will find a check in the amount of \$150.00.

Thanking you in advance, I remain

Sincerely,


Lyman E. Sanders

ENC -1-