

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90154 028 ***158.75

DOCUMENT # K69975

1. Entity Name
TRI-STATE COMMUNICATIONS CONTRACTORS, INCORPORATED

| | |
|---|---|
| Principal Place of Business 1946 SE 36 TERRACE CAPE CORAL FL 33904 US | Mailing Address 1946 SE 36 TERRACE CAPE CORAL FL 33904 US |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-2932437 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| |
|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|--|

6. Name and Address of Current Registered Agent

BERRY, CALVIN G
1946 SE 36 TERRACE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
CALVIN JEFFERSON SELVEY
 Street Address (P.O. Box Number is Not Acceptable)
1437 SW 58th LANE
 City
CAPE CORAL FL 33914

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 **CALVIN JEFFERSON SELVEY** *C. Jeff Selvey* **4/18/02**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinitiating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back)

NO

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 NAME STREET ADDRESS CITY-ST-ZIP | PV SELVEY, TIMOTHY C 2257 MONAGHAN DRIVE TALLAHASSEE FL 32308 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BERRY, CALVIN G 1946 SE 36 TERRACE CAPE CORAL FL | <input checked="" 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 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT SELVEY, ANN L. 1437 SW 58th LANE CAPE CORAL, FL 33914 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT/DIRECTOR SELVEY, TIMOTHY C. 2257 MONAGHAN DRIVE TALLAHASSEE, FL 32308 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT OF FINANCE CALVIN JEFFERSON SELVEY 1437 SW 58th LANE CAPE CORAL, FL 33914 | <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 |

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: **CALVIN JEFFERSON SELVEY** *C. Jeff Selvey* **4/18/02 941-549-9767**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)