

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90431 009 ***150.00

MAR 27 2002

DOCUMENT # K80038

1. Entity Name
TRI-COUNTY POWER SYSTEMS, INC.

Principal Place of Business
3520 66TH AVE N
PINELLAS PARK FL 34665
US

Mailing Address
3520 66TH AVE N
PINELLAS PARK FL 34665
US

2. Principal Place of Business
3520 66TH AVE N
 Suite, Apt. #, etc.
PINELLAS PARK, FL
 City & State

3. Mailing Address
3520 66TH AVE N
 Suite, Apt. #, etc.
PINELLAS PARK, FL
 City & State

4. FEI Number **59-2941899** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip **33781** Country **PINELLAS** Zip **33781** Country **PINELLAS**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FAHRENBRUCK, JOSEPH RAYMOND, JR.
350 BOCA CIEGA, DR.
MADIERA BEACH FL 33542

7. Name and Address of New Registered Agent
 Name **Fahrenbruck, Joseph Raymond, Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
15902 Redington Dr.
 City **Redington Bch.** **FL** Zip Code **33708**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAHRENBRUCK, JOSEPH R. 15902 REDINGTON DR REDINGTON BEACH FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAHRENBRUCK, JOSEPH R. 350 BOCA CIEGA DRIVE MADIERA BCH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Fahrenbruck, Joseph R. 15902 Redington Dr. Redington Bch, Fla. 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAHRENBRUCK, LORI L 2202-57TH S. S. GOLFPORT FL 33707 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Joseph R. Fahrenbruck (727) 526 5771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)