FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L13563

1. Entity Name

Dex Tri-County, Inc.



May 02, 2003 8:00 am Secretary of State 05-02-2003 90223 032 ***150.00

	OO NOT WRITE	IN TUIC C		' E	11034568	
L	JO NO! WALLE		TAU	'E		
O Dringing Di	ace of Business	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·		
-	vons Road	_	5c - C			
Suite, Apt.		6601 Lyons Road Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
Suite		Suite C-7				
City & State		City & State			4. FEI Number Applied For	
Coconu	t Creek, FL	Coconut Cree	ek,	FL	65-0956045 Not Applicable	
Zip 33073	Country U.S.A.	33073	Coun U.S	.A.	5. Certificate of Status Desired Sa.75 Additional Fee Required	
				Name	7. Name and Address of Current Registered Agent	
	DO NOT WRITE		Wayne Ho		orwitz, C.P.A.	
		RIFE	Street Address (F		P.O. Box Number is Not Acceptable)————————————————————————————————————	
IN THIS SPACE				2211 MES	st commercial boulevalu	
				Suite 40		
				City Fort Tax	iderdale FL 333309	
Eity Fort Lauderdale FL 33309 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, broad or original pages of consistered agent at	nd title if applicable (NOTI	F: Decirlore	d Agent signature required	when reinstating) DATE	
		indition applicable. (NOT	L. Hogisterer	o Agent signature required	when remaining)	
the obligations of registered agent.				9. Election Campaign Financing \$5.00 May Be		
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TITLE	P/S/T		TO ANTICAL DE			
NAME	Joseph Keough		NAM	E	residente de para en la como como estratorio. En escola como en entre en esta en esta de la como en esta en es Mante especiales en en esta en entre esta esta en entre e	
4	8226 Northwest 6	3rd Court	MARCHARIA.	et address	and the second of the second o	
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	•		NAM	CONTRACTOR OF CONTRACTOR		
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			TITLE			
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-CITY-ST-ZIP			CITY	-ST-ZIP	DO NOT WRITE	
TITLE			TITLE	a sugara sugara sugar	INTUIC CDACE	
NAME			NAME	Control No. 1988 See February 1988	IN THIS SPACE	
STREET ADDRESS			PER	et address		
CITY-ST-ZIP			CITY-	-ST-ZIP		
TITLE			TITLE	CALCAGO ACAMA PAGA CALCARO		
NAME			NAME			
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TITLE NAME			TITLE NAME			
STREET ADDRESS			THE PROPERTY OF	ET ADDRESS		
CITY-ST-ZIP		1	CITY	ST-ZIP		
12. I hereby certify that the information supplied with this filing does not detailify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplements 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 on an attachment with an address, with all other life empowered.						

SIGNATURE: \

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR