

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90136 046 ***150.00

DOCUMENT # L31166

1. Entity Name

TRI-TECH AIR CONDITIONING, INC.

Principal Place of Business

3500 ALOMA AVE

W-6

WINTER PARK FL 32792

US

Mailing Address

~~2303 ANTILLES DRIVE~~

~~WINTER PARK FL 32792~~

US

2. Principal Place of Business

3. Mailing Address

1717 Fox Glen Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Springs FL

Zip

Country

Zip

Country

32708

USA

4. FEI Number

59-2979173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIER, PAULA A

~~2303 ANTILLES DRIVE~~

~~WINTER PARK FL 32792~~

1717 Fox Glen Ct

Winter Springs FL 32708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$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 ☐ Delete

NAME **D**

STREET ADDRESS **TRIER, PAULA A.**

CITY-ST-ZIP **2303 ANTILLES DRIVE 1717 Fox Glen Ct**

WINTER PARK FL Winter Springs FL

32708 ☐ Delete

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-02 407-673-1090

CR2E034 (9/01)