

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90015 033 ***150.00

DOCUMENT # L42096

1. Entity Name
THE TRINGALI COMPANY, INC.

Principal Place of Business Mailing Address
7655 W GULF TO LAKE HWY P.O. BOX 468
STE 16 CRYSTAL RIVER FL 32623-0468
CRYSTAL RIVER FL 34429
US

2. Principal Place of Business 3. Mailing Address
3760 N. PALOMINO TERRACE 3760 N. PALOMINO TERRACE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BEVERLY HILLS, FL BEVERLY HILLS, FL.

Zip Country Zip Country
34465 USA 34465 USA

4. FEI Number **59-2983702** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRINGALI, MICHAEL J.
7655 W GULF TO LAKE HWY
STE 9
CRYSTAL RIVER FL 34429

Name
TRINGALI, MICHAEL J.
 Street Address (P.O. Box Number is Not Acceptable)
7655 W. GULF TO LAKE HIGHWAY
SUITE 9
 City **CRYSTAL RIVER FL** Zip Code **34429**

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 *Michael J. Tringali* **MICHAEL J. TRINGALI** DATE **2-17-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS TRINGALI, MICHAEL J. 3760 N PALOMINO TERRACE BEVERLY HILLS FL 34465 <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	TRINGALI, MICHAEL J. 3760 N PALOMINO TERRACE BEVERLY HILLS FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael J. Tringali* **MICHAEL J. TRINGALI** DATE **2-17-01** 352-527-3465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)