

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95130

1. Entity Name
TRI-CO SUPPLY, INC.

Principal Place of Business
P.O. BOX 1763
2900 SW 3RD TERRACE
OKEECHOBEE FL 34973

Mailing Address
P.O. BOX 1763
2900 SW 3RD TERRACE
OKEECHOBEE FL 34973

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRABTREE, LINDA D.
3262 SW 4TH AVE
APT N02
OKEECHOBEE FL 34973

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, 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

TITLE **P** ☐ Delete
NAME **CRABTREE, LINDA D.**
STREET ADDRESS **3262 SW 4TH AVE, APT N02**
CITY-ST-ZIP **OKEECHOBEE FL 34973**

TITLE **P** ☒ Change ☐ Addition
NAME **Dodd, Linda D.**
STREET ADDRESS **PO Box 1916**
CITY-ST-ZIP **Okeechobee, FL 34973**

TITLE **S** ☒ Delete
NAME **WOODWARD, KIM P**
STREET ADDRESS **HC 61**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **PICKRON, W. MARCUS**
STREET ADDRESS **BOX 471 PINE LANE**
CITY-ST-ZIP **FLAGHOLE FL 33440**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90046 025 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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