

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90136 006 ****61.25

DOCUMENT # N26864

1. Entity Name
**TRI-COUNTY MITSUBISHI ADVERTISING ASSOCIATION, I
NC.**



Principal Place of Business
**2255 S. FEDERAL HIGHWAY
DELRAY BEACH FL 33483**

Mailing Address
**2255 S. FEDERAL HIGHWAY
DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0061767**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEHRES, GRANT W
2000 GLADES ROAD
SUITE 302
BOCA RATON FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KUPIEC, STEVE	
STREET ADDRESS	2345 OKEECHOBEE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	SCHUMACHER, CHUCK	
STREET ADDRESS	3720 NORTHLAKE BLVD	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORD, GEORGE	
STREET ADDRESS	2345 OKEECHOBEE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEAL, NIKI	
STREET ADDRESS	2695 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, IRA	
STREET ADDRESS	2255 South Federal Hwy	
CITY-ST-ZIP	Delray Bch., FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Ralph	
STREET ADDRESS	2345 Okeechobee Blvd.	
CITY-ST-ZIP	WPR., FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

**IRA LANG SECRETARY 561-276-
7800**
1/21/03

CR2E037 (10/02)