

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90167 007 ***150.00

DOCUMENT # P00000078346

1. Entity Name

TRI COUNTY WALL SYSTEMS, INC.



Principal Place of Business
2832 MICHIGAN AVE. #218
KISSIMMEE FL 34744

Mailing Address
717 EAST OAK ST
KISSIMMEE FL 34744



2. Principal Place of Business
1570 Kellèy Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #2

City & State
Kissimmee, FL

City & State

4. FEI Number 59-3667207

Applied For
Not Applicable

Zip Country
34744 USA

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

SWART, HARRY J
717 E. OAK ST.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
PST
TANZILLO, ANDREW H
STREET ADDRESS 1592 COMPASS CT.
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE NAME ☐ Delete
VP
DANIEL, PAUL
STREET ADDRESS 2832 MICHIGAN AVE #218
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
P.S.T.B
STREET ADDRESS 1654 Marina Lake Drive
CITY-ST-ZIP Kissimmee, FL 34744

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1570 Kelley Ave. Unit #2
CITY-ST-ZIP Kissimmee, FL 34744

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 607, 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

5/1/03 402-870-9448

Date

Daytime Phone #

CR2E034 (10/02)