2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P00000096436

1. Entity Name TRISTA, INC.



Apr 25, 2003 8:00 am \$ Secretary of State **FILED**

			S. WE LES						
Principal Place of Business 147 PARK DRIVE SATSUMA FL 32189 2. Principal Place of Business		Mailing Address PO BOX 219 EAST PALATKA FL 32131-0	219		1 188111881 111 88H1 88H1 88H1 88H1	I aa kii ba iid cai	18 BIJN 6198	n 1141 a o nio 1 80 3	
		3. Mailing Address		_					
Suite, Apt	# etc	Suite, Apt. #, etc.							
Outo, Apt	. π, σιο.	oute, Apr. #, etc.		,	CHECK HERE I	F MAKING (CHANGES	S	
City & State		City & State		4. FE	4. FEI Number 59-3676746			Applied For Not Applicable	
Zip	Country	Zip	Country	5. Ce	ertificate of Status Desired	1 1 7	88.75 A	dditional	
	6. Name and Address of Current	Registered Agent		7. Na	me and Address of New Re				╛
	A CONTRACTOR OF THE PROPERTY O	توسيد والمساود	Name	-	the state of the s		مدين ساميس		
HERMAN, F.E. 147 PARK DRIVE			Street Addres	s (P.O. Box	(Number is Not Acceptable)) .			┪
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OM I DUIVIA	1 FL 32109				<u> </u>			<u> </u>	
			City			FL	Zip Co	de	-
	e named entity submits this statement fo	r the purpose of changing its re	egistered office or regis	tered agen	t, or both, in the State of Flor	rida. I am fa	miliar with	, and accept	7
the obliga	mons of registered agent.						•		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requ	ifred when reins	itating)	DATE			
									- 1
Afte :	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	1			Election Campaign Fina Trust Fund Contribution			00 May Be	
Afte :	r May 1, 2003 Fee will be \$550.00	State	11.	ADDI		n. 🗀	Adde	ed to Fees	
Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND	State	TITLE	ADDI	Trust Fund Contribution	CERS AND I	Adde	ed to Fees	(60)
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

PO BOX 5501

ELKTON FL 32033-5501

STREET ADDRESS

CITY-ST-ZIP

WEMNURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

386 • 324 - 1134

Daytime Phone #