

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90764 041 ***150.00

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DOCUMENT # P00000106335

1. Entity Name
TRI-COUNTY CARPENTRY UNLIMITED, INC.



Principal Place of Business
**16429 TANGLEWOOD AVE
PORT CHARLOTTE FL 33954**

Mailing Address
**16429 TANGLEWOOD AVE
PORT CHARLOTTE FL 33954**

00011010



2. Principal Place of Business

2040 winning way st
Suite, Apt. #, etc.

3. Mailing Address

2040 winning way st
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte FL

City & State
Port Charlotte FL

4. FEI Number **65-1087639**

Applied For
Not Applicable

Zip
33948

Country
Charlotte

Zip
33948

Country
Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TANGUAY, ALAIN
16429 TANGLEWOOD AVE
PORT CHARLOTTE FL 33954**

7. Name and Address of New Registered Agent

Name **Tanguay ALAIN**
Street Address (P.O. Box Number is Not Acceptable)
2040 winning way st
City **Port Charlotte** FL Zip Code **33948**

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 \$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 **D** ☐ Delete
NAME **LAZIC, ZARKO**
STREET ADDRESS **103 ATWATER STREET**
CITY-ST-ZIP **PT CHARLOTTE FL 33954**

TITLE **D** ☒ Delete
NAME **TANGUAY, ALAIN**
STREET ADDRESS **16429 TANGLEWOOD AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
NAME **TANGUAY ALAIN**
STREET ADDRESS **2040 winning way st**
CITY-ST-ZIP **Port Charlotte FL 33948**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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: **Alain Tanguay**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

941-235-2362
Daytime Phone #

CR2E034 (10/02)