

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91338 028 ***150.00

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DOCUMENT # P01000043216

1. Entity Name
TRI-SURFACE COUNTERTOPS, INC.



Principal Place of Business
**198 W. BAY DR.
LARGO FL 33770**

Mailing Address
**198 W. BAY DR.
LARGO FL 33770**



2. Principal Place of Business
6121 MEARS CT.
Suite, Apt. #, etc.

3. Mailing Address
6121 MEARS CT.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL
Zip
33760 Country
USA

City & State
CLEARWATER, FL
Zip
33760 Country
USA

4. FEI Number
59-3716705

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

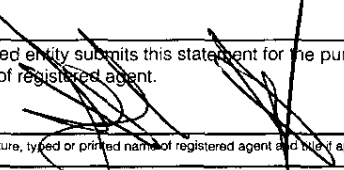
6. Name and Address of Current Registered Agent

CAIRO, ALDO
198 W. BAY DR.
LARGO FL 33770

7. Name and Address of New Registered Agent

Name **RALPH RUGO**
Street Address (P.O. Box Number is Not Acceptable)
304 SPRING CT.
City **CLEARWATER** FL Zip Code **33755**

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  **3-12-03**
(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RUGO, RALPH**
STREET ADDRESS **1204 LAWNDAVE.**
CITY-ST-ZIP **SAFETY HARBOR FL 34624**

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

TITLE **D** ☒ Delete
NAME **CAIRO, ALDO**
STREET ADDRESS **2212 WINDSONG CT.**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03 727.524.6929

Date Daytime Phone #

CR2E034 (10/02)