

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063069

1. Entity Name

TRI-COUNTY CLOSETS, INC.

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91136 023 \*\*\*150.00

00000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3890 W. COMMERCIAL BLVD  
 SUITE 214  
 FORT LAUDERDALE FL 33309

Mailing Address

3890 W. COMMERCIAL BLVD  
 SUITE 214  
 FORT LAUDERDALE FL 33309

2. Principal Place of Business

1901 N.W. 38th Terr.

3. Mailing Address

1901 N.W. 38th Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

Zip

33066

Country

U.S.A.

Zip

33066

Country

U.S.A.

4. FEI Number

65-1115631

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KING, MARK

3890 W. COMMERCIAL BLVD  
 SUITE 214  
 FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: Weix + Weix PA

Street Address (P.O. Box Number is Not Acceptable)

1890 University Dr. Suite 308

City

Coral Springs

FL

Zip Code

33077

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.

SIGNATURE

David Weix

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

(NOTE: Registered Agent signature required when reinstating)

6-10-02

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

President  
 Richard Smothers  
 1901 N.W. 38th Terr.  
 Coconut Creek, FL 33066

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-STATE-ZIP

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 STREET ADDRESS  
 CITY-STATE-ZIP

☐ Change

☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Smothers

4-26-02

954-536-5495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)