

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91521 031 ***150.00

DOCUMENT # **PO1000097443**

1. Entity Name

Tri-County Land Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2700 W. Cypress Creek Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

C-102

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

4. FEI Number

65-1143956

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Keith Henderson

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

2700 W. Cypress Creek Road

Suite C-102

City

Ft. Lauderdale

FL

Zip Code

33309

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

[Signature]

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

(NOTE: Registered Agent signature required when re-stating.)

4/19/02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 - ST - ZIP	D Henderson, Keith 2700 W. Cypress Creek Rd C-102 Ft. Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Burnett, Heather 2700 W. Cypress Creek Rd C-102 Ft. Lauderdale, FL 33309
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other life empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

959-979-0900

CR2E034B (12/01)