

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90140 044 ***150.00

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DOCUMENT # P02000022717 (L)

1. Entity Name

TRI COUNTY WATER ASSOCIATION, INC.



Principal Place of Business

3612 NW 82 TERRACE
SUNRISE FL 33351

Mailing Address

3612 NW 82 TERRACE
SUNRISE FL 33351

2. Principal Place of Business

7613 Davis Road Ext.

3. Mailing Address

7613 Davis Road Ext.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number

04-361-0474

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLER, CHRISTINA M
3612 NW 82 TERRACE
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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	P	<input type="checkbox"/> Delete
NAME	MULLER, CHRISTINA M	
STREET ADDRESS	3612 NW 82 TERRACE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 - President

(954) 436-7699

8-1-03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
90148707

PO2000022717

TRI - COUNTY WATER ASSOCIATION, INC.

7613 DAVIE ROAD EXTENSION
HOLLYWOOD, FLORIDA 33024
PH. (954)436-9699 FAX (954)436-0699



August 1rst, 2003

To Whom It May Concern,

Our book keeper left their position with our company. We had not realized that you were not paid until we received this notice. We are unable to pay the fine, we simply do not have the funds available.

Sincerely,

Christina Muller
President