

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90139 032 ***158.75

DOCUMENT # P02000048865



1. Entity Name
TRI STATE ELECTRIC CORP., SOUTH

Principal Place of Business
DEERCREEK COUNTRY CLUB BLVD., STE. 601
DEERFIELD BEACH FL 33442

Mailing Address
2400 DEERCREEK COUNTRY CLUB BLVD., STE. 601
DEERFIELD BEACH FL 33442



Principal Place of Business
41 SE 9th Street

3. Mailing Address
1121 S. Military trail

Supp. Apt. #, etc.
Bldg # 3 E

Supp. Apt. #, etc.
Box 296

CHECK HERE IF MAKING CHANGES

City & State
Deerfield Beach FL.

City & State
Deerfield Beach FL.

4. FEI Number
04-2561157

Applied For
 Not Applicable

Zip
33441

Country
Broward

Zip
33442

Country
Broward

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, JOHN
2400 DEERCREEK COUNTRY CLUB BLVD., STE. 601
DEERFIELD BEACH FL 33442

Name
Lawrence Sullivan

Street Address (P.O. Box Number is Not Acceptable)
512 N.E. 20th Avenue Apt #4

City
Deerfield Beach FL Zip Code
33441

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
Lawrence Sullivan
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)
DATE
4/4/03

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	<input type="checkbox"/> Delete
NAME	SULLIVAN, LAURENCE K	
STREET ADDRESS	2400 DEERCREEK COUNTRY CLUB BLVD., STE. 601	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, JOHN	
STREET ADDRESS	2400 DEERCREEK COUNTRY CLUB BLVD., STE. 601	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan Lawrence K	
STREET ADDRESS	512 N.E. 20th Avenue Unit #4	
CITY-ST-ZIP	Deerfield Beach, FL. 33441	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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: Lawrence Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

1-1 1001 1001

CR2E084 (10/02)