

# 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.  
**Box # 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** *Lawrence Sullivan* **4/4/03**

Signature typed or printed name of registered agent and title if applicable. (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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SULLIVAN, LAURENCE K</b>
STREET ADDRESS	<b>2400 DEERCREEK COUNTRY CLUB BLVD., STE. 601</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SULLIVAN, JOHN</b>
STREET ADDRESS	<b>2400 DEERCREEK COUNTRY CLUB BLVD., STE. 601</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>
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 type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>Sullivan Lawrence K</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, LAURENCE K</b>
STREET ADDRESS	<b>512 N.E. 20th Avenue Unit #4</b>
CITY-ST-ZIP	<b>Deerfield Beach, FL 33441</b>
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	
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 #

CR2E084 (10/02)