

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-04-2003 90076 019 ***150.00

DOCUMENT # P02000068433

1. Entity Name

TRI-STAR CUSTOM BUILDERS, INC.



Principal Place of Business

839 PELERMO RD.
JACKSONVILLE FL 32216

Mailing Address

839 PELERMO RD.
JACKSONVILLE FL 32216

2. Principal Place of Business

4521-2 St. Augustine Rd.
Suite, Apt. #, etc.

3. Mailing Address

4521-2 St. Augustine Rd.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

33-1013171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEGAL ZOOM NEVADA, INC.
395 ALHAMBRA CIR., SUITE 301
CORAL GABLES FL FL331-3313

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 \$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

TITLE: PRESIDENT ☐ Delete
NAME: RONALD FORD
STREET ADDRESS: 839 Palermo Rd.
CITY-ST-ZIP: JACKSONVILLE FL 32216

TITLE: VICE President ☐ Delete
NAME: SCOTT FERREE
STREET ADDRESS: 3835 Cambay Place
CITY-ST-ZIP: JACKSONVILLE FL 32210

TITLE: Secretary ☐ Delete
NAME: RONALD FORD
STREET ADDRESS: 839 Palermo Rd
CITY-ST-ZIP: JACKSONVILLE FL 32216

TITLE: Treasurer ☒ Delete
NAME: SCOTT FERREE
STREET ADDRESS: 3835 Cambay Place
CITY-ST-ZIP: JACKSONVILLE FL 32210

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: TREASURER ☐ Change ☒ Addition
NAME: TIMOTHY WHITE
STREET ADDRESS: 8512 Canton Dr.
CITY-ST-ZIP: JACKSONVILLE FL 32221

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

02-10-03

904 398-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)