

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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09-10:2003,90060 040 ***150.00
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DOCUMENT # P02000096788

1. Entity Name
TRI-TECH INDUSTRIES, INC.

Principal Place of Business
4616 KIMBALL CT. W
LAKELAND FL 33813

Mailing Address
4616 KIMBALL CT. W
LAKELAND FL 33813

2. Principal Place of Business
4616 Kimball Ct W
Suite, Apt. #, etc.

3. Mailing Address
PO Box 5481
Suite, Apt. #, etc.

City & State
Lkld FL
Zip
33813

City & State
Lkld FL
Zip
33813

4. FEI Number
510431236

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

SHIPLEY, JESSE F
4616 KIMBALL CT. W
LAKELAND FL 33813

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 NAME STREET ADDRESS CITY-ST-ZIP	PTS SHIPLEY, JESSE F 4616 KIMBALL CT. W LAKELAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03 8163 698 0307
Date Daytime Phone #

CR2E034 (10/02)

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Attachment
Tri-Tech Industries, Inc.

P.O. Box 5481
Lakeland, Fla. 33807-5481
(863)-644-9384

80416161

PO 2000096788

September 5, 2003

Attn:

~~Division of Corporations,~~

To whom it may concern:

Please be aware that until recently around August first our Accountants Payable and Billing Department didn't receive your information because there has been a change of address for that department. Please, take note of this change. When contacting your office concerning this matter we were advised that this fee is to be paid on or before May first of every year we have taken note to this and in the future these payments will be sent on time. We do apologize for the inconvenience of this payment being received late; we are asking that the late fee be waved this time as a customer courtesy. We are sending payment over night as requested. If there is any problems please contact our office at 863-644-9384 our mailing address is P.O. Box 5481 Lakeland, Fla. 33807-5481. Thank you for your attention to this matter and consideration.

Sincerely,

Jesse F. Shipley, President

Jesse F. Shipley, President

Tri-Tech Industries, Inc.

P.O. Box 5481
Lakeland, Fla. 33807-5481
(863)-644-9384

Wednesday, October 08, 2003

To whom it may concern,

I have mailed a payment of \$150.00 by Fed EX and the check has been cashed. I sent a letter explaining the reason for late fee's to be waved, included in this fax is a copy. I have not received any response from that notice. I am requesting the late fees to be waved. Please find the correct mailing address and Federal Identification Number

EIN# 510-431-236

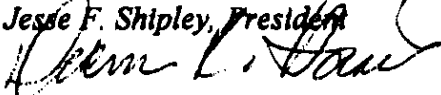
Address: Tri Tech Industries

PO Box 5481

Lakeland, FL 33807-5481

Thank You for your prompt attention in this matter.

Sincerely,

Jesse F. Shipley, President


Thank You again,

Page 4 of 4

Tri-Tech Industries, Inc.

P.O. Box 5481
Lakeland, Fla. 33807-5481
(863)-644-9384

October 8, 2003

Attn:

Division of Corporations,

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Sincerely,

Jesse F. Shipley, President