FILED
27, 2003 8:00 am
retary of State

2003 FQ	R PROFIT (CORPORAT	ΓΙΟΝ
UNIFORM	BUSINESS	REPORT	(UBR)

P02000104403 DOCUMENT # 08-27-2003 90078 039 ***150.00 1. Entity Name TRI-B.L. CORPORATION Principal Place of Business Mailing Address PO BOX 741562 PO BOX 741562 **BOYNTON BEACH FL 33474 BOYNTON BEACH FL 33474** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent --MASON, KAREN D Street Address (P.O. Box Number is Not Acceptable) 5681 LAKE SHORE VILLAGE CIRCLE LAKE WORTH FL 33463 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition MASON, KAREN D NAME NAME PO BOX 741562 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33474** CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP



Attachment

August 22, 2003

#P0200104403

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32301-1500

To Whom It May Concern:

Enclosed is the 2003 For Profit Corporation Uniform Business Report (UBR) for my Tri B.L. Corporation along with the original \$ 150.00 filing fee. I only just received this report yesterday at my post office box as it had been forwarded from another post office box as incorrect addressee. When I questioned the box clerk about the delay in receiving some of my mail, the response I received was some mail must have been delivered in error to the box next to mine and it was only recently returned.

This is the first year of my corporation and I was not aware of the UBR or the filing date; hence, I was not looking to receive such a report from the state. I now know that I may file this information on line and will do so next year. Thank you in advance for your cooperation and assistance in filing this report.

Sincerely.

Karen D. Mason

President

Tri B.L. Corporation

- d/b/a Tri-County-Drug-Testing Services-

Karend Mason

Attachments