

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90079 017 ***150.00

DOCUMENT # P02000106014

1. Entity Name
TRI-CITY REAL ESTATE INC.



Principal Place of Business

**4 OFFICE PK DR STE 280
PALM COAST FL 32137**

Mailing Address

**4 OFFICE PK DR STE 280
PALM COAST FL 32137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-2074294

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

**LOGUE, ROBERT J
7 BUFFALO BILL PL
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name

Logue, Robert J

Street Address (P.O. Box Number is Not Acceptable)

41 Saint Andrews Ct

City

Palm Coast

FL

Zip Code

32137

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

Robert J. Logue
Signature, typed or printed name of registered agent and title if applicable.

Robert J. Logue

(NOTE: Registered Agent signature required when reinstating)

4/2/03

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	P	<input type="checkbox"/> Delete
NAME	LOGUE, ROBERT	
STREET ADDRESS	7 BUFFALO BILL PL	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOK, SUSAN	
STREET ADDRESS	7 BUFFALO BILL PL	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOGUE, LORI	
STREET ADDRESS	7 BUFFALO BILL PL	
CITY-ST-ZIP	PALM COAST FL 32137	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Logue, Robert	
STREET ADDRESS	41 Saint Andrews Ct	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cook, Susan	
STREET ADDRESS	41 Saint Andrews Ct	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Logue, Lori	
STREET ADDRESS	41 Saint Andrews Ct.	
CITY-ST-ZIP	Palm Coast, FL 32137	
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:

SIGNATURE REQUIRED

Lori Logue

4/3/03

386 447 2183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)