

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90054 013 ***150.00

DOCUMENT # P02000109658

1. Entity Name
TRI-COUNTY FURNITURE SERVICE INC.



Principal Place of Business
**1068 ASPRI WAY
PALM BEACH GARDENS FL 33418**

Mailing Address
**1068 ASPRI WAY
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

1240 PINE SAGE CIR

3. Mailing Address

1240 PINE SAGE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33409

Country

Zip

33409

Country

4. FEI Number

16-1632394

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

**LYSAGHT, BRYAN
1068 ASPRI WAY
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

LYSAGHT, BRYAN

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

1240 PINE SAGE CIR

City

West Palm Beach

FL

Zip Code

33409

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 **P** ☐ Delete
NAME **LYSAGHT, BRYAN**
STREET ADDRESS **1068 ASPRI WAY**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **V** ☐ Delete
NAME **LYSAGHT, CHARLENE**
STREET ADDRESS **1068 ASPRI WAY**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **LYSAGHT, BRYAN**
STREET ADDRESS **1240 PINE SAGE CIR**
CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE **V** ☐ Change ☐ Addition
NAME **LYSAGHT, CHARLENE**
STREET ADDRESS **1240 PINE SAGE CIR**
CITY-ST-ZIP **West Palm Beach FL 33409**

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03 54-616-4186

CR2E034 (10/02)