

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085834

1. Entity Name

TRI-STATE ROADWAY SPECIALTIES, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90004 021 ***158.75

Principal Place of Business

RT 2 BOX 1005
BLOUNTSTOWN FL 32424
US

Mailing Address

RT 2 BOX 1005
BLOUNTSTOWN FL 32424
US

756080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21799 NE Overholt Rd.

3. Mailing Address

21799 NE Overholt Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Blountstown, FL

City & State

Blountstown, FL

4. FEI Number

59-3146343

Applied For

Not Applicable

Zip

32424

Country

USA

Zip

32424

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OVERHOLT, LARRY L
ROUTE 2, BOX 1005
BLOUNTSTOWN FL 32424

Name

Larry L. Overholt

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

21799 NE Overholt Rd.

City

Blountstown

FL

Zip Code

32424

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
OVERHOLT, LARRY L
ROUTE 2, BOX 1005
BLOUNTSTOWN FL 32424

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OVERHOLT, TITUS J
ROUTE 2, BOX 1004
BLOUNTSTOWN FL 32424

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OVERHOLT, CARMEN
ROUTE 2, BOX 1002
BLOUNTSTOWN FL 32424

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OVERHOLT, MARIE
ROUTE 2, BOX 1002
BLOUNTSTOWN FL 32424

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OVERHOLT, LEROY
ROUTE 2, BOX 1002
BLOUNTSTOWN FL 32424

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ZORNAS, KARA L
RT 2 BOX 1005
BLOUNTSTOWN FL 32424

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/01

Date

(850)674-3534

Daytime Phone #

CR2E034 (10/00)