

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90116 033 ***150.00

DOCUMENT # P93000086765

1. Entity Name
TRI-CO SPECIALTIES, INC.



Principal Place of Business
7403 50TH TERR E
BRADENTON FL 34203
US

Mailing Address
7403 50TH TERR E
BRADENTON FL 34203
US

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 **65-0456952**

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

GORDON, HUGH
7403 50TH TERR E
BRADENTON FL 34203

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **DST** ☐ Delete
NAME **GORDON, HUGH**
STREET ADDRESS **7403 50TH TERR E**
CITY-ST-ZIP **BRADENTON FL**

TITLE **VP** ☐ Delete
NAME **PHILLIPS, HARRY F**
STREET ADDRESS **4910 42ND COURT EAST**
CITY-ST-ZIP **BRADENTON FL 34203**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-03 (941) 752-3103

Date

Daytime Phone #

CR2E034 (4/03)

80136647
P93000086765

July 18, 2003

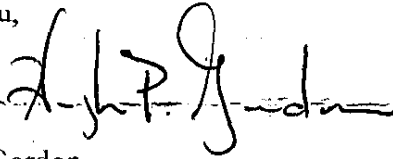
Division Of Corporations
P.O. Box 1500
Tallahassee, Fl.
32303-1500

Dear Division Of Corporations:

SUBJECT:

Our corporation did not receive a prior notice for the Uniform Business Report. Is it possible to waive the late fee? Please find enclosed, a check for \$150.00.

Thank you,



Hugh P. Gordon
DST
Tri-Co Specialties

Enclosure (1)

HG

10/28/03
10/28/03
10/28/03
10/28/03