

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**  
 09-12-2001 90018 042 \*\*\*550.00

0113890 AT

**DOCUMENT # P94000028115**

1. Entity Name  
**TRI-STATE ELECTRIC, INC.**

Principal Place of Business  
~~290 KNOX MCRAE DRIVE~~  
**TITUSVILLE FL 32780**  
**US**

Mailing Address  
**P.O. BOX 5341**  
**TITUSVILLE FL 32780**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2629 DRIFTWOOD DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**TITUSVILLE, FL**

City & State

4. FEI Number  
**59-3249702**

Applied For  
 Not Applicable

Zip  
**32780**

Country  
**BREVARD**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**ANDERSON, DONALD**  
**730 JANA DR**  
**TITUSVILLE FL 32780**

## 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.

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE **D** ☐ Delete  
 NAME **WEIDLICH, CHRISTOPHER**  
 STREET ADDRESS **2535 PEPPER AVE.**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ Delete  
 NAME **ANDERSON, DONALD**  
 STREET ADDRESS **730 JANA DR**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. 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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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 all other like empowered.

SIGNATURE:

*Christopher Weidlich*  
**CHRISTOPHER WEIDLICH**

**9/4/01 321 2696106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/5/01 10:50:00