

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037434

1. Entity Name

TRI-MIX DISTRIBUTORS, INC.

Principal Place of Business

110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

Mailing Address

59 SPENCE ST.
BAYSHORE NY 11706

2. Principal Place of Business

3. Mailing Address

P.O. Box 266M

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BAYSHORE, NY

Zip

Country

Zip

Country

11706

USA

6. Name and Address of Current Registered Agent

SCHNEIDER, SCOTT
200 S BIRCH RD
APT #711
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name Richard F. Schneider

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

3055 Harbor Drive, Unit 2102

City Fort Lauderdale

FL

Zip Code 33316

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 RICHARD F. SCHNEIDER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/01

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

TITLE P
NAME SCHNEIDER, RICHARD F
STREET ADDRESS ONE WOODLAW AVE
CITY-ST-ZIP OAKDALE NY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Schneider, Richard F.
STREET ADDRESS One Woodlawn Avenue
CITY-ST-ZIP Oakdale, NY 11769 ☒ Change ☐ Addition

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

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

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

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

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

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:

Richard F. Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/01

Daytime Phone #

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90082 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0493271

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

042851