

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021758

1. Entity Name
TRI-COUNTY TRAFFIC SIGNS, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90179 021 ***150.00

Principal Place of Business
14338 SW 142 COURT Ave.
MIAMI FL 33186

Mailing Address
14338 SW 142 COURT Ave.
MIAMI FL 33186

U0041030



DO NOT WRITE IN THIS SPACE

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	65-0636228	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PAYNE, CARROLL I~~
10915 S.W. 71 LANE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name
Dale C. Glassford

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

13898 S.W. 139 Ct.

City
Miami

FL Zip Code
33186

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]* DALE C. GLASSFORD 4/19/01
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	PETERSON, ALLAN R	
STREET ADDRESS	667 CADRETA STREET	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETERSON EDWIN SCOTT	
STREET ADDRESS	13896 SW 139 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCCORMICK, RANDALL	
STREET ADDRESS	13896 SW 139 COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14338 S.W. 142 Ave.	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14338 S.W. 142 Ave.	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14338 S.W. 142 Ave.	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Randall McCormick 4/19/01 259.0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)