

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

0112521 AT

DOCUMENT # P96000007185

1. Entity Name
TRI-COUNTY MOWING, INC.



Principal Place of Business
577 N HATHAWAY AVE
BRONSON FL 32621

Mailing Address
P O BOX 397
BRONSON FL 32621



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 Zip Country

4. FEI Number **59-3358021** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
WEEKS, TONY B
577 N HATHAWAY AVE
BRONSON FL 32621

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	P	<input type="checkbox"/> Delete
NAME	WEEKS, TONY B	
STREET ADDRESS	577 N HATHAWAY AVE	
CITY-ST-ZIP	BRONSON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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 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
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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.

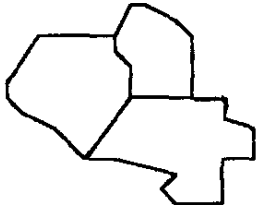
SIGNATURE: *Tony B Weeks* **Tony B Weeks** 7/13/01 352-486-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc # P916000007185

A0078153

TRI-COUNTY MOWING, INC



P.O. BOX 397

BRONSON, FLORIDA 32621

(352) 486-2131

STATE JOB#: 2147851721

CONTRACT#: E-2C28

7/12/01

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

I have enclosed our check for \$150.00 for the 2001 Uniform Business Report (UBR). I have always paid this filing fee in a timely manner, please review my payment history; my records are as follows:

check date	amount	memo	Clk#
January 10, 1997	165.00	P96000007185 7	1217
January 09, 1998	150.00	P96000007185 7	1497
January 22, 1999	150.00	P96000007185	1853
March 17, 2000	150.00	P96000007185	1886

I can not imagine that I would have failed to make this payment had I received the bill. I respectfully request a review of our past payments and consideration given this request to waive the late filing penalties.

Sincerely,

Tony B. Weeks
President

Karen Blackburn
Office Manager