

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90036 003 ***150.00

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 AV

DOCUMENT # P96000025171

1. Entity Name
TRI-COUNTY BUILDING MAINTENANCE SERVICES, INC.

Principal Place of Business

**4960 SW 52 ST
 BAY #120
 DAVIE FL 33314**

Mailing Address

**5249 SW 40TH AVE.
 FT. LAUDERDALE FL 33314**

2. Principal Place of Business

2220 S.W. 70TH AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DAVIE

City & State

FL 33317

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

65-0651610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COLTON, JONATHAN D
 5249 SW 40TH AVE.
 FT. LAUDERDALE FL 33314**

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

Jonathan D. Colton, PRESIDENT

2/28/02

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 \$150.00
 After May 1, 2002 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 **D** ☐ Delete
 NAME **COLTON, JONATHAN D**
 STREET ADDRESS **5249 SW 40TH AVE.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33314**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

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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:

Jonathan D. Colton, PRES.

Date

2/28/02

Daytime Phone #

954-316-2544

CR2E034 (9/01)