

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90072 012 ***150.00

DOCUMENT # P96000055406

1. Entity Name
TRI-UNITY, INCORPORATED

Principal Place of Business

427 GENEVA DRIVE
 OVIEDO FL 32765
 US

Mailing Address

4801 EAGLESHAM DRIVE
 ORLANDO FL 32826
 US

2. Principal Place of Business

1045 E. BROADWAY ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

4. FEI Number

59-3390044

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, RAMANLAL N
427 GENEVA DRIVE
OVIEDO FL 32765 →

7. Name and Address of New Registered Agent

-Name **PATEL, RAMANLAL N.**
 Street Address (P.O. Box Number is Not Acceptable)
1045 E. BROADWAY ST.
 City **OVIEDO, FL** Zip Code **32765**

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 **PATEL, RAMANLAL N. - PRESIDENT -** *[Signature]* **4/25/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing agent.) 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, RAMANLAL N 4801 EAGLESHAM DRIVE ORLANDO FL 32826	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, KISHOR N 1045 E BROADWAY ST OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **RAMANLAL N PATEL - PRESIDENT** **4/25/01** **407-366-4077**
Signature, typed or printed name of signing officer or director Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)