

05-08-2002 90140 035 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 7910000069201 ✓
 1. Entity Name
Tri State Autoterminal Inc

000100

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3250 FEDERAL HWY
 Suite, Apt. #, etc.

3. Mailing Address
6598 BUENA VISTA DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Deer Bay Beach FL City & State MARLBOROUGH FL 4. FEI Number 65-0694780 Applied For Not Applicable

Zip 33483 Country USA Zip 3306 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name ANTHONY PUGLISI
 Street Address (P.O. Box Number is Not Acceptable)
6598 BUENA VISTA DR
 City MARLBOROUGH FL Zip Code 33063

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	<u>PRESIDENT</u> <u>Anthony Puglisi</u> <u>6598 BUENA VISTA DR</u> <u>MARLBOROUGH, FL 33063</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Puglisi 4-23-2 561-3693032
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Period

ANTHONY PUGLISI

CR2E034B (12/01)