

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90138 016 \*\*\*150.00

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AV

**DOCUMENT # P97000031249**



1. Entity Name  
**TRI-DOCKS, INC.**

Principal Place of Business  
**5765 N CARL G ROSE HWY  
HERNANDO FL 34429**

Mailing Address  
**5765 N CARL G ROSE HWY  
HERNANDO FL 34429**

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 **59-3440151**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required - -

CHECK HERE IF MAKING CHANGES

*Handwritten notes and signature:*  
"0 W to 11 5/10" [Signature]  
[Barcode]

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELCH, JOHN F  
916 SE FORT KING ST  
OCALA FL 34471**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ID <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<b>ASQUITH, JEANNINE L 5725 CARL G. ROSE HWY HERNANDO FL 34442</b>	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<b>ASQUITH, ANDREW 5725 CARL G. ROSE HWY HERNANDO FL 34442</b>	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5-20-03** Daytime Phone #: **352-860-1179**

CR2E034 (10/02)

Attachment #

90137484

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Fri Dorks Inc 5-20-03

Called to see if my May 1 payment  
for Fri-Dorks Inc was paid.  
Contact said there was a back  
log therefore she could not  
be sure.

As per her instructions -  
because I did not receive  
an notice I am sending  
required \$15000 to renew

Please accept - Jeanine Asquith