

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90200 012 \*\*\*150.00

**DOCUMENT # P97000037934**

1. Entity Name  
**TRI-LEX CORPROATION**



Principal Place of Business

~~2437 JUNGLE CAMP ROAD~~  
~~INVERNESS FL 34453~~

Mailing Address

P.O. BOX 2413  
INVERNESS FL 34451

2. Principal Place of Business

**4569 WINDCHESTER TERR**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**HERNANDO, FL**

City & State

4. FEI Number **65-0826938**

Applied For

Not Applicable

Zip

**34442**

Country

**CITRUS**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PONDER, CHARLES J**  
**THE BOOKEEPER & ASSOC., INC.**  
**3667-B N. FLORIDA AVENUE**  
**HERNANDO FL 34442**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **DST** ☐ Delete  
NAME **LORD, KENNETH**  
STREET ADDRESS ~~2437 JUNGLE CAMP ROAD~~  
CITY-ST-ZIP ~~INVERNESS FL 34453~~

TITLE **VP** ☒ Delete  
NAME **WOODWARD, ESTELLA J**  
STREET ADDRESS **2437 JUNGLE CAMP ROAD**  
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **PD** ☐ Delete  
NAME **LORD, ESTHER**  
STREET ADDRESS **4569 WINDCHESTER TERR**  
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4569 WINDCHESTER TERR**  
CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **ANTHONY J. LORD**  
CITY-ST-ZIP **3512 TEEPE LANE**  
**HERNANDO, FL 34442**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: KENNETH V. LORD/SEC** **1-14-03 (352) 344-9137**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)