

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000038282**

1. Entity Name

**TRIAD CONTRACTING, INC.**

Principal Place of Business

**331 SO. FIRST ST.  
LAKE WALES FL 33853  
US**

Mailing Address

**331 SO. FIRST ST.  
LAKE WALES FL 33853-4143  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**PARKS, LISA PEDERSEN  
249 EAST STUART AVENUE  
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

Name

**HARRY W. PARKS**

Street Address (P.O. Box Number is Not Acceptable)

**331 SO. FIRST ST.**

City

**LAKE WALES****FL**

Zip Code

**33853**

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



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

**HARRY W. PARKS**

(NOTE: Registered Agent signature required when reinstating)

**3/15/00**

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, 2000 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  
**PTD  
FITZGERALD, KENNETH BRUCE  
777 ALTURAS RD.  
BARTOW FL 33830**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
PARKS, HARRY WARREN  
777 ALTURAS RD.  
BARTOW FL 33830**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HEATH, DIANE G.  
11 HARVARD AVE  
FROSTPROOF FL 33843**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BOHLER, ALLEN W  
7531 HIGHLAND GROVE DR.  
LAKELAND FL 33810**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KENNETH FITZGERALD**

Date

**3/15/00**

Daytime Phone #

**863-679-8165****FILED  
Mar 21, 2000 8:00 am  
Secretary of State**

03-21-2000 90012 041 \*\*\*150.00

021100



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3445342**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

CR2E034 (9/99)