

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106745

1. Entity Name

TRI-STAR TECHNOLOGY, INC.

FILED

Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90347 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1395 NW 17TH AVENUE  
#105  
DELRAY BCH FL 33445  
US

1395 NW 17TH AVENUE  
#105  
DELRAY BCH FL 33445  
US

00030132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1395 NW 17TH AVENUE

3. Mailing Address

1395 NW 17TH AVENUE

Suite, Apt. #, etc.

#113

Suite, Apt. #, etc.

#113

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

Zip

33445

Country

4. FEI Number

65-0805139

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBSTER, MICHAEL T  
1395 NW 17TH AVENUE  
STE 105  
DELRAY BCH FL 33445

Name

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

1395 NW 17TH AVENUE

STE. 113

City

DELRAY BEACH

FL

Zip Code

33445

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]* Pres.

2/18/2001

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

(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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete  
NAME WEBSTER, MICHAEL  
STREET ADDRESS 2572 SW 11TH CT  
CITY-ST-ZIP BOYNTON BCH FL 33426

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

TITLE VPS ☐ Delete  
NAME MARTIN, LUKE  
STREET ADDRESS 5540 N OCEAN BLVD #102  
CITY-ST-ZIP OCEAN RIDGE FL 33435

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

Date

2/18/2001

Daytime Phone #

561-737-7031

CR2E034 (10/00)