

2001 UNIFORM BUSINESS REPORT (UBR)

112

DOCUMENT # P98000057689

1. Entity Name
TRI-COUNTY SERVICES AIR CONDITIONING & HEATING,

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 6:23

Principal Place of Business
**5861 TIMAQUANA RD
JACKSONVILLE FL 32210
US**

Mailing Address
**PO BOX 381972
JACKSONVILLE FL 32238
US**



DO NOT WRITE IN THIS SPACE

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 59-3519443	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HENRY, JAMES R
5542 ENCHANTED DRIVE
JACKSONVILLE FL 32244**

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.

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.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete DP. HENRY, JAMES R 5542 ENCHANTED DRIVE JACKSONVILLE FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DST WILLIAMS, RICKY P 5732 BLACKTHORNE RD JACKSONVILLE FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000004649330
-10/23/01--01023--008
***550.00 ***550.00

AD

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: _____ DATE: **10/10/01** DAYTIME PHONE: **(904) 577-9140**

Tri-County Services, Inc.

October 10, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 6327
Tallahassee, FL 32314

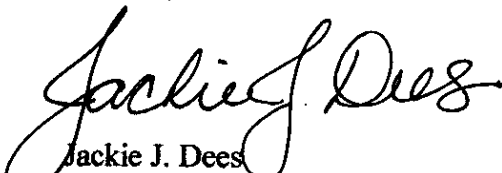
Dear Sirs:

We were informed by Workers Compensation that our exempt status could not be filed because our Division of Corporation Status was inactive. Our Annual Report (UBR) was mailed on September 1, 2001 along with a check (#4526) in the amount of \$550.00. After returning to the office I checked our last bank statement (9/30/01) and the check had not cleared, I then contacted the bank to see if it had cleared since the statement date. Our check has not cleared, so I can only conclude that our report and check are lost. Attached is a copy of the UBR with an original signature (per instructions from Robin at 1-850-488-9000 Div of Corp) and our check for the fee of \$550.00, we are in hopes that you will accept this and not charge us for additional late fees.

Also, we would greatly appreciate your immediate attention to this matter, as our Workers Compensation Exempt Status will expire on October 21, 2001.

Should you have any questions, please feel free to contact me at the number listed below.

Sincerely


Jackie J. Dees
Office Manager

5861 Timuquana Road
Jacksonville, FL 32210
904-573-9140