

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90239 006 ***150.00

DOCUMENT # P98000090329

1. Entity Name
TRICORD, INC.

Principal Place of Business

**168 OAK STREET
CRAWFORDVILLE FL 32327**

Mailing Address

**168 OAK STREET
CRAWFORDVILLE FL 32327**

2. Principal Place of Business

168 OAK STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1418

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FL

City & State

CRAWFORDVILLE, FL

Zip

32327

Country

WAKULLA

Zip

32326

Country

WAKULLA

4. FEI Number

59-3540539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THURMOND, H. DUANE
168 OAK STREET
CRAWFORDVILLE FL 32327**

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 *H. Duane Thurmond* H. DUANE THURMOND, PRESIDENT 01/05/2001
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

TITLE **PST** ☐ Delete
NAME **THURMOND, H. DUANE**
STREET ADDRESS **168 OAK STREET**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *H. Duane Thurmond* H. DUANE THURMOND 1-5-2001 (850) 926-4662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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