

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000092684**1. Entity Name
TRI HOMES, INC.

Principal Place of Business

8257 S US 1

PORT ST LUCIE
34952

FL

Mailing Address

8257 S US 1

PORT ST LUCIE
34952

FL

2. Principal Place of Business

10302 S US 1

3. Mailing Address

10302 S US 1

Suite, Apt. #, etc.

PMB # 293

Suite, Apt. #, etc.

PMB #293

City & State

PORT ST LUCIE

FL

City & State

PORT ST LUCIE

FL

Zip

34952

Country

Zip

34952

Country

4. FEI Number

65-0874620

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREENWALT ALVIN E
8257 S US #1PORT SAINT LUCIE
34952

FL

7. Name and Address of New Registered Agent

Name

GREENWALT ALVIN E

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

201 S. W. PT. ST. LUCIE BLVD.

201

City

PORT SAINT LUCIE

FL

Zip Code
34984

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 **A. E. GREENWALT****01/22/2001**

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 DP ☐ Delete
NAME GREENWALT ALVIN E
STREET ADDRESS 8257 S US 1
CITY-ST-ZIP PORT ST LUCIE FL 34952TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Addition
NAME GREENWALT ALVIN E
STREET ADDRESS 10302 S US 1 PMB # 293
CITY-ST-ZIP PORT ST LUCIE FL 34952TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **A. E. Greenwalt**

DPST

01/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)