Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

nt with an address.

changed, or on an attachr,

SIGNATURE:

ther like

G OFFICER OR DIRECTOR

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P98000104159 TRI-STATE ELECTRICAL CONSTRUCTION, INC. 04-27-2001 90232 019 ***150.00 Principal Place of Business Mailing Address 3507 DELLWOOD BLVD. 3507 DELLWOOD BLVD. LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied Fo 4. FEI Number 65-0881901 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDRASSI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3507 DELLWOOD BLVD. LOXAHATCHEE FL 33470 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00 TITLE ☐ Delete TITLE ☐ Chanαe Addition ANDRASSI, MICHAEL NAME NAME 3507 DELLWOOD BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP LOXAHATCHER FL 33470 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that ny signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. Thereby certify that the information supplied with the oes no indicatéd on this report or su plemental report is accurate of the corporation or the reiver or trustee empo execute this rea