

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000067710

1. Entity Name

TRI-STATE TEXTURING CORPORATION

FILED
May 26, 2000 8:00 am
Secretary of State

04-22-2000 90100 010 ***150.00

Principal Place of Business

Mailing Address

~~911 COMMERCE BLVD N~~
~~SARASOTA FL 34243~~

~~911 COMMERCE BLVD N~~
~~SARASOTA FL 34243-5043~~

2. Principal Place of Business

3. Mailing Address

918 Blvd of the Arts

918 Blvd of the Arts

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

59-3594954

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

~~MANSFIELD, HAROLD D~~

~~911 COMMERCE BLVD N~~

~~SARASOTA FL 34243~~

Name

J. Kevin Drake, Esq.

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

1432 First Street

City

Sarasota

FL

Zip Code

34236

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

4/10/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANSFIELD, HAROLD D
~~911 COMMERCE BLVD N~~
~~SARASOTA FL 34243~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
918 Blvd of the Arts
Sarasota FL 34236

☒ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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 67, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00

965 2886653

CR2E034 (9/99)