04-28-00 12:51 MERCURIO BRIDGFORD ID=9 5

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2000 8:00 am
Secretary of State
05-24-2000 90151 011 ***150.00

DOCUMENT # P99000082696

1. Entity Name: TRI COUNTY KITCHEN REFACING, INC.

Principal Place of Business: SAME

Mailing Address: 5410 MCINTOSH SARASOTA FL. 34233

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: SAME
Suite, Apt. #, etc.
City & State: SARASOTA
Zip: 34233 Country: SARA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-0944418 ☐ Applied F ☐ Not Appli

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

6. Name and Address of Current Registered Agent
JACK WINDTH

7. Name and Address of New Registered Agent
Name: RICK TAYLOR
Street Address (P.O. Box Number is Not Acceptable): 5410 MCINTOSH
City: SARA FL Zip Code: 34233

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]
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, 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 Fee

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
	D - RICK TAYLOR, 5410 MCINTOSH, SARA FL 34233	☑ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date