

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90068 044 ***150.00

DOCUMENT # P99000097921

1. Entity Name
TRI-STATE LIFE SAFETY AND ELECTRIC SYSTEMS, INC.



Principal Place of Business
**193 O COON BRIDGE RD
MURPHY NC 28906
US**

Mailing Address
**193 O COON BRIDGE RD
MURPHY NC 28906
US**



2. Principal Place of Business

1930 Cook Bridge Rd

3. Mailing Address

1930 Cook Bridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Murphy NC

City & State

Murphy NC

Zip

Country

28906

Zip

Country

28906

4. FEI Number **65-0987693**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BELYEU, DANIEL W
4700 SW 64TH AVENUE
DAVIE FL 33314**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BELYEU, BARBARA A	
STREET ADDRESS	4700 SW 64TH AVENUE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELYEU, DANIEL W	
STREET ADDRESS	11829 SW 42ND COURT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEPAS, DONNA G	
STREET ADDRESS	1615 ARLINGTON DRIVE	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEPAS, PAUL E	
STREET ADDRESS	1615 ARLINGTON DRIVE	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **1-7-03 888-235-3366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)