

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90106 042 ***150.00

DOCUMENT # S79419

1. Entity Name
TRYST, INC.



Principal Place of Business
**1445 MITCHELL AVENUE
TALLAHASSEE FL 32303-5840
US**

Mailing Address
**1445 MITCHELL AVE
TALLAHASSEE FL 32303-5840
US**



2. Principal Place of Business
2511 Noble Drive
Suite, Apt. #, etc.

3. Mailing Address
2511 Noble Drive
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee, FL
Zip
32308-6476 Country
USA

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Tallahassee, FL
Zip
32308-6476 Country
USA

4. FEI Number
59-3107605

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

**WAKEMAN, MARY
C/O MCCONNAUGHAY, DUFFY, COONROD
101 N MONROE ST #900
TALLAHASSEE FL 32301**

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 **Mary L. Wakeman**

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

(NOTE: Registered Agent signature required when reinstating)

7 January 2003
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STOTTLER, CINDY J**
STREET ADDRESS **6288 CRESTWOOD DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **VP** ☐ Delete
NAME **JOHNSON, TAMMIE M**
STREET ADDRESS **4597 LOUVINIA DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE **ST** ☐ Delete
NAME **WAKEMAN, MARY L**
STREET ADDRESS **1445 MITCHELL AVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition
NAME **ST Wakeman, Mary L.**
STREET ADDRESS **2511 Noble Drive**
CITY-ST-ZIP **Tallahassee, FL 32308-6476**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: **Mary L. Wakeman** **7 January 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850.425.8112

CR2E034 (10/02)