

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90051 017 \*\*\*150.00

DOCUMENT # **V25238**  
 1. Entity Name  
**TRI-KNOT INVESTMENT GROUP, INC.**

Principal Place of Business  
**803 AUSTRALIAN AVE. S**  
**STE D**  
**WEST PALM BEACH, FL**  
**33409 US**

Mailing Address  
**P.O. Box 22823**  
**EUGENE, OR**  
**97402 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 22823**  
 Suite, Apt. #, etc.

City & State  
**EUGENE, OR**

Zip  
**97402** Country  
**US**

DO NOT WRITE IN THIS SPACE

4. PEI Number  
**65-0327609**

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

6. Name and Address of Current Registered Agent  
**NARKER, STANLEY J., P.A.**  
**803 AUSTRALIAN AVE. SOUTH**  
**SUITE D**  
**WEST PALM BEACH, FL 33409**

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.

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 Fees

11. OFFICERS AND DIRECTORS		
TITLE	<input type="checkbox"/> Delete	
NAME	<b>D BARLOUS, TROY</b>	
STREET ADDRESS	<b>3138 W. LAS LOMITAS</b>	
CITY-ST-ZIP	<b>TUCSON, AZ</b>	
TITLE	<input type="checkbox"/> Delete	
NAME	<b>PS BARLOUS, JAY</b>	
STREET ADDRESS	<b>819 N. CITRUS AVE. #8</b>	
CITY-ST-ZIP	<b>AZUSA, CA 91702</b>	
TITLE	<input type="checkbox"/> Delete	
NAME	<b>TD BARLOUS, SHIRLEY</b>	
STREET ADDRESS	<b>819 N. CITRUS AVE #8</b>	
CITY-ST-ZIP	<b>AZUSA, CA 91702</b>	
TITLE	<input type="checkbox"/> Delete	
NAME	<b>D BARLOUS, THOMAS</b>	
STREET ADDRESS	<b>17 IRAPUIS AVE.</b>	
CITY-ST-ZIP	<b>ESSEX JUNCTION, VT 05752</b>	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **(JAY BARLOW)** 04.05.00 (541) 334.0981  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)