

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25238

1. Entity Name

TRI-KNOT INVESTMENT GROUP, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90219 007 ***150.00

Principal Place of Business

1803 AUSTRALIAN AVE S
STE D
WEST PALM BCH FL 33409
US

Mailing Address

P.O. BOX 22823
EUGENE OR 97402
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0327609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NARKIER, STANLEY J P.A.
1803 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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	BARLOUS, TROY	
STREET ADDRESS	3138 W. LAS LOMITAS	
CITY- ST- ZIP	TUCSON AZ	
TITLE	PS	<input type="checkbox"/> Delete
NAME	BARLOUS, JAY	
STREET ADDRESS	819 N. CITRUS AVE. #8	
CITY- ST- ZIP	AZUSA CA 91702	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARLOUS, SHIRLEY	
STREET ADDRESS	819 N. CITRUS AVE. #8	
CITY- ST- ZIP	AZUSA CA 91702	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARLOUS, THOMAS	
STREET ADDRESS	17 IRAQUIS AVE.	
CITY- ST- ZIP	ESSEX JUNCTION VT 05452	
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JAY BARLOUS)

Date

Daytime Phone #

4/18/01 541.334.0981

CR2E034 (10/00)