

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V48296

1. Entity Name

TRI TECH COMPUTERS, INC.

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

02-26-2001 90545 007 ***150.00

Principal Place of Business

1203 LANE AVE SOUTH
STE 19
JACKSONVILLE FL 32205-254
US

Mailing Address

1203 LANE AVE. SOUTH
STE 19
JACKSONVILLE FL 32205-254
US

C0024744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3159035**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAW, JEAN C
8977 HERBOG ROAD
SUITE 8A
JACKSONVILLE FL 32210

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS HANSON, TERRY L
CITY-ST-ZIP 8361 CHESSMAN CT
JACKSONVILLE FL 32244 ☐ Delete

TITLE
NAME V
STREET ADDRESS HANSON, CARY L 8216 Cheryl Ann Ln
CITY-ST-ZIP 1981 APOPKA DR Jacksonville, FL 32244 ☐ Delete
MIDDLEBURG FL 32068

TITLE
NAME ST
STREET ADDRESS HANSON, MICHAEL L
CITY-ST-ZIP 1981 APOPKA DR
MIDDLEBURG FL 32068 ☐ Delete

TITLE
NAME M
STREET ADDRESS HANSON, DENNIS L
CITY-ST-ZIP 6637 Juniper Creek DR
JACKSONVILLE, FL 32244 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

01/29/01 904786784

CR2E034 (10/00)

0455389