

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 29 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # Z00328

1. Entity Name  
TRI TEX, L.C.

Principal Place of Business

5210 N 17TH ST.  
TAMPA FL 33610

Mailing Address

126 7 AVE NE  
ST. PETERSBURG FL 33701-2518

2. Principal Place of Business

5210 N. 17 St.

Suite, Apt. #, etc.

San Juan Fl.

3. Mailing Address

126 7 Ave. NE

Suite, Apt. #, etc.

St. Pete Fl.

City & State

Zip 33610

Country (Hillsborough)

Zip 33701

Country (Pinellas)

MMN

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3067630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, MAGGIE

126 7 AVE NE

ST. PETERSBURG FL 33701

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

Maggie Mitchell / Maggie Mitchell

4/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE M  
NAME MITCHELL, KENT GARDNER  
STREET ADDRESS 1151 34TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE M  
NAME HARPER, CAROL ANN  
STREET ADDRESS 1148 CANDLEWOOD  
CITY-ST-ZIP DOWNERS GROVE IL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

KENT Mitchell

Date

Daytime Phone #

CR2E083 (9/99)