

2001 UNIFORM BUSINESS REPORT (UBR)

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**

2. Principal Place of Business

**5210 N. 17 ST
Suite, Apt. #, etc.**

3. Mailing Address

**126 7th. NE.
Suite, Apt. #, etc.**

City & State

Tampa, Fl.

City & State

St Petersburg FL 33701

Zip **33601**

Country **Hollabro**

Zip **33701**

Country **Renellan**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/01

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

**800004076838--0
-04/25/01--01047--001
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/6/01

Daytime Phone #

727-898-2900

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE

FILED

01 APR 17 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA