

2001 UNIFORM BUSINESS REPORT (UBR)

UBR 1028100

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**

FILED
01 APR 17 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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
Hillsboro

Zip
33701

Country
Penella

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* DATE 4/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	MITCHELL, KENT GARDNER	
STREET ADDRESS	1151 34TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	HARPER, CAROL ANN	
STREET ADDRESS	1148 CANDLEWOOD	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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		

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* DATE 4/6/01 DAYTIME PHONE # 727-898-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)