

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90026 004 \*\*\*\*50.00

**DOCUMENT # Z00328**

1. Entity Name

TRI TEX, L.C. ✓

Principal Place of Business

5210 N 17TH ST.  
TAMPA FL 33610333 8 Ave. N.  
St. Petersburg, Fl. 33701

Mailing Address

126 7 AVE NE  
ST. PETERSBURG FL 33701

2. Principal Place of Business

333 8 Ave. N.

3. Mailing Address

126 7 Ave. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

St. Petersburg, Fl

City &amp; State

St. Petersburg Fl.

Zip

33701

Country

USA

Zip

33701

Country

USA

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

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****Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	M	<input type="checkbox"/> Delete
NAME	MITCHELL, KENT GARDNER	
STREET ADDRESS	1151 04TH AVENUE NORTH	126-7 Ave. N.E.
CITY-ST-ZIP	ST. PETERSBURG FL	33701

TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	HARPER, CAROL ANN	
STREET ADDRESS	1148 GANDLEWOOD	
CITY-ST-ZIP	DOWNERS GROVE IL	

TITLE	M.	<input type="checkbox"/> Delete
NAME	MITCHELL, MARGARET A.	
STREET ADDRESS	126-7 Ave. N.E.	
CITY-ST-ZIP	St. Petersburg Fl	33701

TITLE	M.	<input type="checkbox"/> Delete
NAME	Michael Mitchell	
STREET ADDRESS	1233 Eden Isle Dr.	
CITY-ST-ZIP	St. Petersburg, Fl.	33704

TITLE		<input type="checkbox"/> Delete
NAME	(above are all principals)	
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
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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: Margaret A. Mitchell 1/25/02 727-898-2900

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

Date

Daytime Phone #

CR2E083 (9/01)