

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90001 019 ***400.00
 07-12-2000 90006 032 ***150.00

DOCUMENT # **F93000002533**
 1. Entity Name
Tricon Construction, Inc. of Texas

Principal Place of Business Mailing Address
101 N. Greenville Ave Allen, TX 75002 **101 N. Greenville Ave Allen, TX 75002**

2. Principal Place of Business 3. Mailing Address
5 Ventura Circle **5 Ventura Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State TX City & State TX
Wylie **Wylie**
 Zip 75098 Country USA Zip 75098 Country USA

4. FEI Number **75-2483754** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Corporation Service Company
120 i Hays Street
Tallahassee FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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**

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
President Charles William Costin 5 Ventura Circle Wylie, TX 75098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Secretary/Treas. Keziah C. Costin 5 Ventura Circle Wylie, TX 75098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Keziah C. Costin* Keziah C. Costin 6/30/00 972-442-0870
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)