

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000057821

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: TRICS INC.

**Current Principal Place of Business:**

14545 J MILITARY TRAIL, #183  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

14545 J MILITARY TRAIL, #183  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 65-1112222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANDSBERG, DEBRA B  
8290 CLEARY BLVD., #2916  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: LANDSBERG, DEBRA PRES  
Address: 8290 CLEARY BLVD, #2916  
City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA LANDSBERG

PRES

05/01/2002

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date