2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2002 8:00 am Secretary of State

DOCUMENT # P01000091300						03-07-2002 90050 006 ***150.00					
TRI-COM ADVERTISING, MARKETING & PUBLIC RELATION S, INC.											
Principal Place of Business Mailing Address							1/				
8952 GANDY BLVD. N. 9952 GANDY BLVD. N.							17_{\sim}	0.4	.		
ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702							IV.	Z	3176	;	
		r		·			Mana				
2. Principal F	3. Mailing Address	DS/ HESTAVE NORTH			1 CORRECT IN SOLDS MAIN SOLD SO	1334 MALIST MENTE +414)	Ağıtı nail (Ağı			
Suite, Apt.	HESTAVE KNORGH #. etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
	Freburg. Fl	APETERSB	val.	Et:/		37-3747	920		oplied Por ot Applicable		
Zin	Country	70000	Count		-	Strate of Strate Barbara	SE SE	3.75 Add		7	
357	3 US	33/13		<u> </u>	<u> </u>	rtificate of Status Desired	L' Fe	e Require	11		
	6. Name and Address of Current R	legistered Agent		. Name	7:-Na	me and Address of New R	egistered Age	ent		4	
CILKIE ACMIELIT C						KENNE	7+C	<u></u>		╧┷╌	
9952 GANDY BLVD. N.						Number is Not Acceptable)			1	
ST. PETERSBURG FL 33702						TAVENUE	KIPO T	74		1	
	. 2	/	/ {	XXX.	-160	COLOC	FL	Zip Cod	715	1	
			_/	21/12	764	SBUKG		<u>.≾≥</u>	//>	┦	
8. The above named above statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.											
SIGNATURE	Signature, typget or printed name of registered agent an	El title if est picytole. (NOTE	: Registered	Agent signature required	d what reinst	atung)	7-26 DATE	02	<u>_</u>		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00						10 Floring Compales Fin	analna		0	1	
			2 Fee will be \$550.00			 Election Campalgn Fin Trust Fund Contributio 		Added	May Be to Fees		
11.	ria on back)	Make Check Payabl	19 to De	partment of Sta		TIONS/CHANGES TO OFF	OFOE AND O	DECTOR	2 (6) 4 4	4	
TITLE	D OFFICERS AND D	Delete	TITLE		AUDI	HONS/CHANGES TO OFF		Change	Addition	र्वह	
NAME	SILKIE, KENNETH C		NAME				_	-		0	
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TITLE	ST. PETERSBURG FL 33708	☐ Delete	TITLE	51-211				Change	☐ Addition	CR2E034 (9/01)	
NAME		CT Descri	NAME	1			<u></u>) Orialiye	ADDITION	10	
STREET ADDRESS				ADDRESS .							
CITY-ST-ZIP		<u>—————————————————————————————————————</u>	CITY-S	ST-ZIP ·						4	
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NAME STREET ADDRESS		,	NAME	ADDRESS							
CITY-ST-ZIP			CITY-S							-	
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STREET ADDRESS .	• •	11/	STREET	ADDRESS						1	
	ertify that the information supplied with the	nis filing tipes not muslik for		18 1	ection 110	.07(3)(i) Florida Statutes I	lurther certify t	hat the in	formation	ł	
13. I hereby certify that the information supplied with this filing these pet quality 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 applications and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the received flustee 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.											
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