

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90313 045 \*\*\*150.00

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**DOCUMENT # P98000094439**

1. Entity Name  
**TRICORB, INC.**

Principal Place of Business

**3702 SHENANGO PLACE  
 MELBOURNE FL 32934**

Mailing Address

**3702 SHENANGO PLACE  
 MELBOURNE FL 32934**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3541732**

Apply For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**DEMARCO, CHRISTINE  
 3702 SHENANGO PLACE  
 MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-registering)

DATE

9. 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, 2001 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

11. OFFICERS AND DIRECTORS

TITLE  Delete  
**D**  
 NAME **DEMARCO, CHRISTINE**  
 STREET ADDRESS **3702 SHENANGO PLACE**  
 CITY-STATE-ZIP **MELBOURNE FL 32934**

TITLE  Delete  
**D**  
 NAME **TRIONFO, CHRISTOPHER**  
 STREET ADDRESS **3702 SHENANGO PLACE**  
 CITY-STATE-ZIP **MELBOURNE FL 32934**

TITLE  Delete

TITLE  Delete

TITLE  Delete

TITLE  Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition

TITLE  Change  Addition

TITLE  Change  Addition

TITLE  Change  Addition

TITLE  Change  Addition

TITLE  Change  Addition

13. 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:

*Christine Demarco*

*Christopher Trionfo*

*4/20/01*

*321-255-9261*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (10/00)