

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90074 002 ***150.00

DOCUMENT # G96823
 1. Entity Name
TRICOR INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
100 EAST SYBELIA AVE **100 EST SYBELIA AVE**
SUITE 225 **SUITE 225**
MAITLAND FL 32751 **MAITLAND FL 32751**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2396733** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAGLE, MARC L.
100 EAST SYBELIA AVE SUITE 225
SUITE 200
MAITLAND FL 32751

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2002 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	VP	<input type="checkbox"/> Delete
NAME	KRUMM, WALTER T.	
STREET ADDRESS	985 BETHEL ROAD	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	T P	<input type="checkbox"/> Delete
NAME	HAGLE, MARC L.	
STREET ADDRESS	100 EAST SYBELIA AVE SUITE 225	
CITY-ST-ZIP	MAITLAND FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LANGFORD, SHARON	
STREET ADDRESS	100 EAST SYBELIA AVE., #225	
CITY-ST-ZIP	MAITLAND FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARKO, MARY	
STREET ADDRESS	100 EAST SYBELIA AVE., #225	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Pres**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 **407-629-2040**
 Date Daytime Phone #

CR2E034 (9/01)