

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90577 040 \*\*\*158.75

**DOCUMENT # J19907**  
**1. Entity Name**  
**TRI-CORP CONSTRUCTION GROUP, INC.**

**Principal Place of Business**  
**420 SOUTH THIRD STREET**  
**JACKSONVILLE FL 32250**

**Mailing Address**  
**420 SOUTH THIRD STREET**  
**JACKSONVILLE FL 32250**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**3370 AGRICULTURAL CENTER DR**

**3. Mailing Address**  
**3370 AGRICULTURAL CENTER DR**

**Suite, Apt. #, etc.**  
**SUITE 100**

**Suite, Apt. #, etc.**  
**SUITE 100**

**City & State**  
**ST AUGUSTINE FL**

**City & State**  
**ST AUGUSTINE FL**

**Zip**  
**32092-0575**

**Country**  
**USA**

**Zip**  
**32092-0575**

**Country**  
**USA**

**4. FEI Number** **59-2684914**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BROWN, THOMAS D.**  
**420 SOUTH THIRD ST**  
**JACKSONVILLE FL 32250**

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

**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** **PTD** ☐ **Delete**  
**NAME** **BROWN, THOMAS D.**  
**STREET ADDRESS** **204 HIDDEN COURT**  
**CITY-ST-ZIP** **SOUTH PONTE VEDRA BEACH FL**

**TITLE** **S** ☐ **Delete**  
**NAME** **HAMILTON, CANDICE A**  
**STREET ADDRESS** **10083 HUNTINGTON FOREST BLVD., E**  
**CITY-ST-ZIP** **JACKSONVILLE FL**

**TITLE** ☐ **Delete**  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ **Delete**  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ **Delete**  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ **Delete**  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ **Change** ☐ **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:**

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

**2/14/02** **(904) 826-4426**  
**Date** **Daytime Phone #**

CR2E034 (9/01)