

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J59114**

1. Entity Name
TRI-COUNTY MANAGEMENT SERVICES, INC.

Principal Place of Business
**PALM BEACH COUNTY
WEST PALM BEACH FL 33416**

Mailing Address
**13289 LA MIRADA CIRCLE
WEST PLAM BEACH FL 33416**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

4. FEI Number **59-2772169** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GFESSER, MICHAEL M.
515 NORTH FEDERAL DRIVE
19TH FLOOR
W. PALM BEACH FL 33401**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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 **PST** Delete
NAME **WRIGHT, JAMES T., JR.**
STREET ADDRESS **500 N. CONGRESS AVE #191**
CITY-ST-ZIP **W. PALM BEACH FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **WRIGHT, JAMES T., JR.**
STREET ADDRESS **500 N. CONGRESS AVE #191**
CITY-ST-ZIP **W. PALM BEACH FL**

Change Addition
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition
TITLE _____
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:

TRI-COUNTY MANAGEMENT SERVICES, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

Daytime Phone #

335311
AV

**FILED
May 05, 2002 8:00 am
Secretary of State**

05-05-2002 90285 036 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)