

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000011371**

1. Entity Name

TRICOR ACCOUNTING ASSOCIATES, L.L.C.**FILED**
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90125 045 ****50.00

978403

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3050 OAKBROOK CIRCLE
CLEARWATER FL 33759**3050 OAKBROOK CIRCLE**
CLEARWATER FL 33759

2. Principal Place of Business

3. Mailing Address

28463 US 19 N.**28463 US 19 N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101**101**

City & State

City & State

Clearwater, FL**Clearwater, FL**

4. FEI Number

59-3137164

Applied For

Not Applicable

Zip

Country

Zip

Country

33761**USA****33761****USA**5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, STEVEN W
8200 BRYAN DAIRY RD., STE. 300
LARGO FL 33777

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MARICLE, JEFFREY M**
STREET ADDRESS **3050 OAKBROOK CIRCLE**
CITY-ST-ZIP **CLEARWATER FL 33759**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)