

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90466 023 ***150.00

DOCUMENT # L 98000003280
1. Entity Name
TRI-D LC

00068578

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6170 AIA SOUTH Suite, Apt. #, etc. APT 104 City & State ST AUGUSTINE FL Zip 32080 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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4. FEI Number 59-3578110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOEFF, DAVID H 6170 AIA SOUTH APT 104 ST AUGUSTINE FL 32080	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] Date: 04/08/02 Daytime Phone #: (904) 880-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORIGINAL