2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

May 23, 2002 8:00 am Secretary of State DOCUMENT # P00000062072 1. Entity Name 05-23-2002 90037 014 ***150.00 TRISTAR CONSULTING GROUP, INC. Principal Place of Business Mailing Address 3020 IRONWOOD DR 3020 IRONWOOD DR TALLAHASSEE FL 32330-8 TALLAHASSEE FL 32330-8 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3655643 Not Applicable Zip Zip Country -----Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANTLEY, BOBBY LYNN JR Street Address (P.O. Box Number is Not Acceptable) 3020 IRONWOOD DR TALLAHASSEE FL 32330-8 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE **PCEO** ☐ Delete TITLE Change ☐ Addition NAME Brantley, Bobby Lynn NAME STREET ADDRESS STREET ADDRESS 6659 PROCTOR ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete TITLE TITLE ☐ Change ☐ Addition **EVP** NAME NAME THORN, ERIC STREET ADDRESS STREET ADDRESS 550 EAST GEORGIA STREET CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 TITLÉ ☐ Delete TITLE ☐ Change ☐ Addition BRANTLEY, BOBBY LYNN JR NAME NAME STREET ADDRESS STREET ADDRESS 3020 IRONWOOD DRIVE CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 receive of trustee empoying ed 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 proposed.

FILED