2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000085856

Entity Name: TRICOPTER INC.

Current Principal Place of Business:

1296 CROW WAY., APT 114
CASSELBERRY, FL 32707

New Principal Place of Business:

1296 CROW WAY
#114
CASSELBERRY, FL 32707 US

Current Mailing Address:

P. O. BOX 160941
ALTAMONTE SPRINGS, FL 327160941

New Mailing Address:

P. O. BOX 160941
ALTAMONTE SPRINGS, FL 327160941 US

FEI Number: 59-3666291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CENTOFANTE, PETER
589 LITTLE RIVER LOOP, APT. 281
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

CENTOFANTE, PETER D
1296 CROW WAY
#114
ALTAMONTE SPRINGS, FL 32714 US

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: PETER D. CENTOFANTE 01/14/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CLARK, NATHAN
Address: 589 LITTLE RIVER LOOP, APT. 281
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: CENTOFANTE, PETER
Address: 589 LITTLE RIVER LOOP, APT. 281
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CLARK, NATHAN
Address: 1296 CROW WAY #114
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change ( ) Addition
Name: CENTOFANTE, PETER
Address: 1296 CROW WAY #114
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER D. CENTOFANTE D 01/14/2002
Electronic Signature of Signing Officer or Director Date