FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90154 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085856

10064977

1. Entity Name
TRICOPTER INC.

Principal Place of Business	Mailing Address
1296 CROW WAY #114 CASSELBERRY, FL 32707 US	P. O. BOX 160941 ALTAMONTE SPRINGS, FL 32716-0941 US

2. Principal Place of Business	3. Mailing Address
433 W. New England Ave	SAME
Suite, Apt. #, etc.: #208	Suite, Apt. #, etc.
City & State: Winter Park, Fl	City & State
Zip: 32789 Country: USA	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3666291 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CENTOFANTE, PETER D 1296 CROW WAY #114 ALTAMONTE SPRINGS, FL 32714	Name: Centofante, Peter D Street Address (P.O. Box Number is Not Acceptable): 433 W. New England Ave #208 City: Winter Park FL Zip Code: 32789

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 $150.00 After May 1, 2003 Fee will be $550.00 Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTOFANTE, PETER 1296 CROW WAY #114 CASSELBERRY, FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Centofante, Peter 433 W. New England Ave #208 Winter Park, Fl 32789	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, NATHAN 1296 CROW WAY #114 CASSELBERRY, FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clark, Nathan 433 W. New England Ave #106 Winter Park, Fl 32789	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #