

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018721

1. Entity Name  
TRI-PROPERTIES, INC.

Principal Place of Business  
PO BOX 350147  
JACKSONVILLE FL 32235

Mailing Address  
PO BOX 350147  
JACKSONVILLE FL 32235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3748083

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

APELGREN, CHARLES H  
501 E BAY STREET  
JACKSONVILLE FL 32202

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME APELGREN, CHARLES H  
STREET ADDRESS PO BOX 350147  
CITY-ST-ZIP JACKSONVILLE FL 32235

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS WELTON, MARSHALL  
CITY-ST-ZIP 3720 N WASHINGTON BLVD INDIANAPOLIS IN 46205

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME MILLER, JEREMY  
STREET ADDRESS 6609 MORGANFORD ROAD  
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE ☒ Change ☐ Addition  
NAME MILLER, JEREMY  
STREET ADDRESS 9439 DARTCREST DR  
CITY-ST-ZIP DALLAS, TX 75238

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

*SIGNATURE* **CHARLES H. APELGREN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-02 (904) 619-0341  
Date Daytime Phone #

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90252 031 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CP2E034 (9/01)