

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

Amended

DOCUMENT # PD1000051619

1. Entity Name
TRI COMM, INC

FILED

02 NOV 12 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

400008901334
11/12/02--01023--001 **26.25

2. Principal Place of Business
516 MARGOT CT
Suite, Apt. #, etc.

3. Mailing Address
3604 LITHIA RIDGE BLVD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRANDON, FL
Zip
33511
Country
USA

City & State
VALRICO, FL
Zip
33594
Country
USA

4. FEI Number
59-3730680
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FORREST D. RIDDLE
Street Address (P.O. Box Number is Not Acceptable)
3604 LITHIA RIDGE BLVD
City
VALRICO FL Zip Code
33594

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 **FORREST D. RIDDLE** *[Signature]* **11-5-02**
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) ☐

**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. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAIRMAN OF THE BOARD, Chief Executive Officer, Secretary and Director
FORREST D. RIDDLE
3604 LITHIA RIDGE BLVD
VALRICO, FL 33594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**600008496086--7
-10/22/02--01006--002
*****35.00 *****35.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT, Chief Operating Officer, Treasurer and Director
FREDERICK PARRILLA
516 MARGOT CT
BRANDON, FL 33511**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: **FORREST D. RIDDLE** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-05-02 813-681-8323
Date Daytime Phone #

CR2E034B (12/01)