2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000058006

Entity Name: TRIBE CITY GROUP, INC.

Current Principal Place of Business:

919 MAGNOLIA ST
NEW SMYRNA BCH, FL 32168

New Principal Place of Business:

Current Mailing Address:

919 MAGNOLIA ST
NEW SMYRNA BCH, FL 32168

New Mailing Address:

FEI Number: 59-3722899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DREYER, RUAN
919 MAGNOLIA ST
NEW SMYRNA BCH, FL 32168

Name and Address of New Registered Agent:

DREYER, RYAN
919 MAGNOLIA ST
NEW SMYRNA BCH, FL 32168

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: RYAN DREYER 03/12/2002
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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V ( ) Change (X) Addition
Name: AZIZ, FUAD
Address: 1240 WYNDHAM PINE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: V ( ) Change (X) Addition
Name: THORNTON, ROBERT P
Address: 2750 OLD ST. AUGUSTINE RD. #F-57
City-St-Zip: TALLAHASSEE, FL 32301

Title: V ( ) Change (X) Addition
Name: GISMONDI, STEPHEN
Address: 2142 COUNTRYSIDE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: P ( ) Change (X) Addition
Name: DREYER, DEKKER REV.
Address: 919 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S ( ) Change (X) Addition
Name: RADUNE, MARTHA A
Address: 919 MAGNOLIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V ( ) Change (X) Addition
Name: RADUNE, KARL
Address: 469 MAIN STREET
City-St-Zip: CROMWELL, CT 06416

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: DEKKER DREYER P 03/12/2002
Electronic Signature of Signing Officer or Director Date