

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90059 022 ***150.00

DOCUMENT # P01000068376

1. Entity Name

TRICO PROPERTIES, INC.



Principal Place of Business

4929 GOLD TREES WAY
SARASOTA FL 34232

Mailing Address

4929 GOLD TREES WAY
SARASOTA FL 34232

2. Principal Place of Business

4941 Bookelia Cir

3. Mailing Address

4941 Bookelia Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34203

Country

USA

Zip

34203

Country

USA

4. FEI Number

65-1125207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BARBOSA, PAUL R
4929 GOLD TREES WAY
SARASOTA FL 34232

7. Name and Address of New Registered Agent

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. 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 Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BARBOSA, PAUL R	4929 GOLD TREES WAY	SARASOTA FL 34232	<input type="checkbox"/>
D	FRIDAY, SHEA	3638 WINDERWOOD DR	SARASOTA FL 34232	<input type="checkbox"/>
D	PHILLIPS, ADAM	2095 GOLDENROD ST	SARASOTA FL 34239	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Director	Paul R. Barbosa	4941 Bookelia Cir	Bradenton FL 34203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Paul R. Barbosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-03

CR2E034 (10/02)