FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91611 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P01000098834

1. Entity Name

TriStar Development, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
431 Royal Poinciana Dr.	431 Royal Poinciana Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3753627 ☐ 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: W. Patrick Ayers

Street Address (P.O. Box Number is Not Acceptable): 777 S. Harbour Island Blvd.

City: Tampa **FL** Zip Code: 33602

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	President/Director Michael P. Mysak 431 Royal Poinciana Dr. Tampa, FL 33609
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Scott Stoker 4716 Estrella St. Tampa, FL 33629
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director W. Patrick Ayers 4003 S. Westshore Blvd., #4314 Tampa, FL 33611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Patty Mysak 431 Royal Poinciana Dr. Tampa, FL 33609
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CR2E034B (12/01)

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: _____ Michael P. Mysak 4/17/2002 (813) 286-1002

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