


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

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90197 049 ***150.00

DOCUMENT # P04000010442	
1. Entity Name Tricustom, INC.	

DO NOT WRITE IN THIS SPACE

14004902

2. Principal Place of Business 3735 Frye Ave West Suite, Apt. #, etc.	3. Mailing Address 3735 Frye Ave West Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 30-0223966	Applied For <input type="checkbox"/> Not Applicable
Zip 32210	Country USA	Zip 32210	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Deborah D. Skipper	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
City Tallahassee	FL Zip Code 32301

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE P/D	NAME Robert J. Phipps	TITLE	NAME
STREET ADDRESS 3735 Fry Ave West	CITY-ST-ZIP Jacksonville, FL 32210	STREET ADDRESS	CITY-ST-ZIP
TITLE vp	NAME Kenneth R. Blanche	TITLE	NAME
STREET ADDRESS 3735 Frye Ave West	CITY-ST-ZIP Jacksonville, FL 32210	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME		
STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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

SIGNATURE: Kolene J. Phipps **4/26/2005** **904-607-2329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)