

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90536 044 \*\*\*150.00

1068770

**DOCUMENT # P94000029778**



1. Entity Name  
**THREE RINGS, INC.**

Principal Place of Business <b>GROVE PLAZA BLDG. 5TH FLOOR 2900 MIDDLE ST MIAMI FL 33133 US</b>	Mailing Address <b>GROVE PLAZA BLDG. 5TH FLOOR 2900 MIDDLE ST MIAMI FL 33133 US</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0554544**

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

7. Name and Address of New Registered Agent

**CHRISTIN, NICHOLAS E  
GROVE PLAZA BLDG, 5TH FLOOR  
2900 MIDDLE ST  
MIAMI FL 33133**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, JAMES W</b>	NAME	
STREET ADDRESS	<b>2900 MIDDLE ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James W Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/14/03**

Daytime Phone #

CR2E034 (10/02)

Attachment#

LAW OFFICES

WICKER, SMITH, O'HARA  
McCoy, GRAHAM & FORD, P.A.

GROVE PLAZA BUILDING, 5TH FLOOR

2900 MIDDLE STREET (S.W. 28TH TERRACE)

MIAMI, FLORIDA 33133

(305) 448-3939

TELECOPIER (305) 441-1745

FORT LAUDERDALE OFFICE  
SOUTHTRUST TOWER, 5TH FLOOR  
ONE EAST BROWARD BOULEVARD  
P.O. BOX 14460  
FORT LAUDERDALE, FLORIDA 33302  
(954) 467-6405  
TELECOPIER (954) 760-9353

ORLANDO OFFICE  
BANK OF AMERICA CENTER, SUITE 1000  
390 NORTH ORANGE AVENUE  
P.O. BOX 2753  
ORLANDO, FLORIDA 32802  
(407) 843-3939  
TELECOPIER (407) 649-8118

WEST PALM BEACH OFFICE  
MELLON UNITED NAT'L BANK TOWER • SUITE 700  
1645 PALM BEACH LAKES BOULEVARD  
P.O. BOX 2508  
WEST PALM BEACH, FLORIDA 33402  
(561) 689-3800  
TELECOPIER (561) 689-9206

NAPLES OFFICE  
AMSOUTH BANK BUILDING, SUITE 402  
4851 TAMiami TRAIL NORTH  
NAPLES, FLORIDA 34103  
(941) 430-1120  
TELECOPIER (941) 430-1121

TAMPA OFFICE  
100 NORTH TAMPA STREET, SUITE 3650  
P.O. BOX 2152  
TAMPA, FLORIDA 33602  
(813) 222-3939  
TELECOPIER (813) 222-3938

January 16, 2003

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, FL 32302-1500


Re: Three Rings, Inc.  
E.I. #65-0554544  
Our File No. 39070-2

Dear Sir or Madam:

I enclose herewith the 2003 Uniform Business Report for the above-referenced corporation, together with a check payable to the Department of State in the amount of \$150.00 in full payment of the filing fee.

Thank you for your attention to this matter.

Very truly yours,



Nicholas E. Christin

NEC/kfp  
Enclosures