

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074677

1. Entity Name
TRI-OPS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90918 025 ***163.75

Principal Place of Business
11383 BLUE TEAL CT.
JACKSONVILLE FL 32225
US

Mailing Address
11383 BLUE TEAL CT.
JACKSONVILLE FL 32225-2542
US



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3281561 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | | | | | |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| ADAMS, IRV 11383 BLUE TEAL CT JACKSONVILLE FL 32257 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City | | FL | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT ADAMS, IRV 11383 BLUE TEAL CT. JACKSONVILLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SV BUREAU, PHIL 10727 LIPPIZAN DR. JACKSONVILLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRV ADAMS 4/28/2000 904 641 1322

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