

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

DOCUMENT # P95000087720			
1. Entity Name <i>Tri-Sundance Corporation, Inc.</i>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2055 Shepherd Road		3. Mailing Address P. O. Box 830	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, Florida		City & State Lakeland, Florida	
Zip 33811		Zip 33802	
Country USA		Country USA	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3343307	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name Brant C. Martin	
DO NOT WRITE IN THIS SPACE		Street Address (P.O. Box Number is Not Acceptable)	
		140 East Christina Blvd.	
		City Lakeland FL Zip Code 33813	
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 <i>[Signature]</i>		Brant C. Martin, Secretary	
Signature, typed or printed name of registered agent and title if applicable.		DATE 9/8/03	
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	President	TITLE	
NAME	Caswell, John F. Jr.	NAME	
STREET ADDRESS	510 Goldenrod Court	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33813	CITY-ST-ZIP	
TITLE	Vice president	TITLE	
NAME	Sebring, Phillip T.	NAME	
STREET ADDRESS	530 Howard Avenue	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33815	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Martin, Brant C.	NAME	
STREET ADDRESS	140 East Christina Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33813	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Hodge, Morton J.	NAME	
STREET ADDRESS	1717 David Crum Court	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33803-1903	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Hodge, Carol W.	NAME	
STREET ADDRESS	1717 David Crum Court	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33803-1903	CITY-ST-ZIP	
TITLE		TITLE	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE <i>[Signature]</i>		Brant C. Martin	
Signature and typed or printed name of signing officer or director		9/8/03	
		863-688-7691	
		Date Daytime Phone #	

FILED
03 NOV 14 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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