

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90179 048 ***150.00

DOCUMENT # P9600000 5481

1. Entity Name
TRI-SHARP INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 141 COUNTRY CLUB RD 3. Mailing Address 141 COUNTRY CLUB RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

A0065460

DO NOT WRITE IN THIS SPACE

City & State SHALIMAR, FL City & State SHALIMAR, FL 4. FEI Number 59-3348734 Applied For Not Applicable

Zip 32579 Country OKALOOSA Zip 32579 Country OKALOOSA 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GERARD J. KEELLEY
8300 W. 1404 98 STEA.
PENSACOLA FL 32506

7. Name and Address of New Registered Agent
 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.

SIGNATURE GJ Keelley (NOTE: Registered Agent signature required when reinstating) DATE 4/18/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) -

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>ALTA TERRIS</u> <u>141 COUNTRY CLUB RD</u> <u>SHALIMAR FL 32579</u>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>NANCY GILES</u> <u>141 COUNTRY CLUB RD.</u> <u>SHALIMAR FL 32579</u>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>MARSHA MARTELLI</u> <u>31 N. NAVY BLVD</u> <u>PENSACOLA FL 32507</u>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: Nancy Giles NANCY GILES VP 4/26/01 8504571312
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)