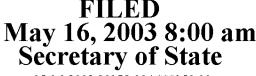
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000005481 **DOCUMENT #**



FILED
May 16, 2003 8:00 am
Secretary of State
05 16 2002 00170 004 ***150 00

TRI-SHAR						03-16-2003 90179 004 *** 130.00					
Principal Plac 141 COUNTRY SHALIMAR FL	y Club RD		Mailing Address 141 COUNTRY CLUB RD SHALIMAR FL 32579				I IBRIKARI KIN KRIJA DIJIJ DRIJI DRIJI DR		113 1 3 1111 1 1111	18181 (181 (181	
2. Principal F	Place of Busin	ess	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State		4. F6	4. FEI Number 59-3348734			oplied For ot Applicable		
Zip Country			Zip				5. Certificate of Status Cosmed Fee			3.75 Additional e Required	
	6. Name	and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent						
KEELEY, GERARD J 8200 WEST HIGHWAY 98					Street Address (P.O. Box Number is Not Acceptable)						
SUITE A		. •									
PENSACOLA FL 32506					City			FL	Zip Cod	e	
	named entity tions of regist		for the purpose of changing its	register	ed office or registe	ered ager	nt, or both, in the State of Flor	rida, I am f	amiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agen	nt and title if applicable. (NOT	E: Registere	d Agent signature require	red when rein:	stating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 I3 Fee will be \$550.00 Florida Department					Election Campaign Fine Trust Fund Contribution			0 May Be	
10.		OFFICERS AND	DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALTA, TER 141 COUN SHALIMAR	itry club RD	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILES, NA 141 COUN SHALIMAR	itry club RD	☐ Delete						Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Martelli, 31 n nav		□ Delete -		J				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				☐ Change	Addition	

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:

SCHULES CEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR