

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90032 031 ***150.00

DOCUMENT # P97000073106

1. Entity Name

TRI/NOBLE INVESTMENTS COMPANY

Principal Place of Business

**2033 MAIN ST., STE. 101
 SUITE 600
 SARASOTA FL 34237**

Mailing Address

**2033 MAIN ST., STE. 101
 SUITE 600
 SARASOTA FL 34237**

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

65-0778250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PFLUGNER, J. GEOFFREY
 2033 MAIN ST., STE. 101
 SUITE 600
 SARASOTA FL 34237**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **D** ☐ Delete
 NAME **REISTER, GERALD**
 STREET ADDRESS **5637 MERRIMAC DR.**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **Sec. Treas** ☐ Change ☒ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** ☐ Delete
 NAME **JOHNSON, WILLIAM A III**
 STREET ADDRESS **2135 20TH ST UNIT C**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **President** ☐ Change ☒ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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 CITY-ST-ZIP _____

TITLE ☐ Change ☐ Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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 an other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02
 Date

Daytime Phone #

CR2E034 (9/01)