2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073249

1. Entity Name
TRIBUTE INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
5134 W. IDLEWILD AVE	5134 W. IDLEWILD AVE
TAMPA FL 33634	TAMPA FL 33634

2. Principal Place of Business
3209 W San Juan St
Suite, Apt. #, etc.

3. Mailing Address
PO Box 10131
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State: Tampa FL
Zip: 33629 Country: USA

City & State: TAMPA FL
Zip: 33679 Country: USA

4. FEI Number 65-0790271 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, RICHARD
5134 W. IDLEWILD AVE
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name: Richard Moore
Street Address (P.O. Box Number is Not Acceptable): 3209 W San Juan St
City: TAMPA FL Zip Code: 33629

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 _____ President

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **CEO** NAME **MOORE, RICHARD** STREET ADDRESS **3209 W. SAN JUAN ST** CITY-ST-ZIP **TAMPA FL 33629**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: _____ SIGNATURE REQUIRED 2/3/03 813 839 7924

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