APR. 29. 2002 11:11AM

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90071 003 ***150.00

DOCUMENT # P98000049608

1. Entity Name
CT TRICO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2512 S TANNER ROAD ORLANDO FL 32820	~~1795 E HWY 50~~ ~~SUITE A~~ CLERMONT FL 34711-9119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	300 VIRGINIA ST Suite, Apt. #, etc.
City & State	City & State: CLERMONT FL
Zip / Country	Zip: 34711 / Country

4. FEI Number: 59-3517799 ☐ 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
~~GARRICK, DAVID JR~~ ~~1795 E HWY. 50, SUITE A~~ ~~CLERMONT FL 34711~~	Name: DAVID GARRICK JR Street Address (P.O. Box Number is Not Acceptable): 300 VIRGINIA ST City: CLERMONT, FL FL Zip Code: 34711

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: David Garrick Jr 4/26/02
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Required when registered agent is changing) 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD TANNER, LAWRENCE H 2512 S. TANNER RD. ORLANDO FL 32820	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRICK, DAVID JR 13201 PLUM LAKE CIRCLE CLERMONT FL 34711	☒ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E034 (9/01)

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: David Garrick 4/29/02 407-677-0296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #