

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067973

1. Entity Name

TRI GEORGIA COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

3555 FISCAL CT.  
#9  
RIVIERA BEACH FL 33404

3555 FISCAL CT.  
#9  
RIVIERA BEACH FL 33404

2. Principal Place of Business

120 DAY LILY DR

Suite, Apt. #, etc.

3. Mailing Address

120 DAY LILY DR

Suite, Apt. #, etc.

City & State

JUPITER, FLORIDA

City & State

JUPITER, FLORIDA

Zip

33458

Country

USA

Zip

33458

Country

USA

4. FEI Number

65-0945958

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMITCHELL, ETHAN  
2220 N. 47TH AVE.  
HOLLYWOOD FL 33021

Name

ARTHUR LUCZKOWIEC

Street Address (P.O. Box Number is Not Acceptable)

120 DAY LILY DR

City

JUPITER

FL

Zip Code  
33458

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

ARTHUR LUCZKOWIEC

04/30/2001

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, 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	D PASULA, MARK J 15865 79TH TERRACE N. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR LUCZKOWIEC 120 DAY LILY DR JUPITER, FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

ARTHUR LUCZKOWIEC - DIRECTOR 04/30/01 (561)3016804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE