

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90355 047 ***158.75

DOCUMENT # P99000067973

1. Entity Name
TRI GEORGIA COMMUNICATIONS, INC.



Principal Place of Business
**4360 NORTHLAKE BLVD
203
PALM BEACH GARDENS FL 33410**

Mailing Address
**4360 NORTHLAKE BLVD
203
PALM BEACH GARDENS FL 33410**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0945958**

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

**LUCZKOWIEC, ARTHUR
4360 NORTHLAKE BLVD
203
PALM BEACH GARDENS FL 33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 **D** ☐ Delete
NAME **PASULA, MARK J**
STREET ADDRESS **15865 79TH TERRACE N.**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **VP** ☒ Change ☐ Addition
NAME **PASULA, MARK J**
STREET ADDRESS **15865 79TH TERR. N.**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☐ Delete
NAME **LUCZKOWIEC, ARTHUR**
STREET ADDRESS **120 DAY LILY DR**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **LUCZKOWIEC, ARTHUR**
STREET ADDRESS **120 DAY LILY DR**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **D** ☒ Delete
NAME **CASABLANCA, JULIO**
STREET ADDRESS **3914 NW 21ST CT.**
CITY-ST-ZIP **POMPANO BEACH FL 33066**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **SZPREGLEWSKI, MICHAL**
STREET ADDRESS **4953 PALM BROOK CIR. APT. 5**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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

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

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 LUCZKOWIEC - PRESIDENT

04/09/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)