# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 15, 2003**
**Secretary of State**

DOCUMENT# S81591

**Entity Name:** TRIA CAPITA, INC.

**Current Principal Place of Business:**

20 SOUTH BROAD ST
BROOKSVILLE, FL 34601 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 485
BROOKSVILLE, FL 34605 US

**New Mailing Address:**

**FEI Number: 59-3114095** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOGAN, THOMAS S. JR.
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 US

**Name and Address of New Registered Agent:**

HOGAN, THOMAS S JR.
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 US

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: THOMAS S. HOGAN, JR. 04/15/2003
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: BOOTH, JAMES W.,
Address: 1582 GULF BLVD #1108
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete
Name: HOGAN, THOMAS S.,
Address: P.O. BOX 485 N/A
City-St-Zip: BROOKSVILLE, FL 34605

Title: DS ( ) Delete
Name: HAA, ANDREA T
Address: 9128 MICHIGAN AVENUE
City-St-Zip: BROOKSVILLE, FL 34613

Title: D ( ) Delete
Name: SANDERS, TRAVIS
Address: PO BOX 1212
City-St-Zip: DESTIN, FL 325401212

Title: T ( ) Delete
Name: BOYD, JANIS
Address: P.O BOX 2105
City-St-Zip: CRYSTAL RIVER, FL 34423

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS S. HOGAN, JR. D 04/15/2003
Electronic Signature of Signing Officer or Director Date