

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90209 013 ***150.00

DOCUMENT # V00755

1. Entity Name

TRI INVESTMENTS, INC.



Principal Place of Business

277 ROYAL POINCIANA WAY
SUITE 135
PALM BEACH FL 33480
US

Mailing Address

PO BOX 8348
AMELIA VILLAGE BOWMAN RD
AMELIA ISLAND FL 32035
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1724930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GEIGER, ALLAN T
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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 PD ☐ Delete
NAME WILLIAMS, ANGELA H
STREET ADDRESS 277 ROYAL POINCIANA WAY SUITE 135
CITY-ST-ZIP PALM BEACH FL 33480

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

TITLE V ☐ Delete
NAME TEMPLE, GERALD
STREET ADDRESS 110 COVE LANE
CITY-ST-ZIP SOCIAL CIRCLE GA

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

TITLE V ☐ Delete
NAME KELLY, JAMES E.
STREET ADDRESS BOWMAN RD, AMELIA VILLAGE
CITY-ST-ZIP AMELIA ISLAND FL 32035

TITLE ☒ Change ☐ Addition
NAME James E. Kelly
STREET ADDRESS 1658 Temple Johnson Rd.
CITY-ST-ZIP Loganville, GA 30052

TITLE S ☐ Delete
NAME CRIM, GLOICE Y.
STREET ADDRESS 211 ST. MARTIN DRIVE
CITY-ST-ZIP SUWANNE GA 30024

TITLE ☒ Change ☐ Addition
NAME Gloice Y. Crim
STREET ADDRESS 2277 Emmett Doster Road
CITY-ST-ZIP Monroe, GA 30656

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 of James E. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-03 770-813-0090
Date Daytime Phone #

CR2E034 (10/02)