2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2001 08:00 AM
Secretary of State

DOCUMENT # F02564

1. Entity Name
TRENT ELECTRIC, INC.

Principal Place of Business	Mailing Address
16934 C.R. 48 MT DONA FL 32757 US	16934 C.R. 48 MT DORA FL 32757 US

2. Principal Place of Business	3. Mailing Address
5354 CEMETER ROAD	P.O. BOX 608
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ZELLWOOD FL	City & State: ZELLWOOD FL
Zip: 32798 Country: US	Zip: 32798 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2118732 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, JOHN J
16934 C.R. 48
MT. DORA FL
32757 US

7. Name and Address of New Registered Agent

Name: HOFFMAN, JOHN J
Street Address (P.O. Box Number is Not Acceptable): 5354 CEMETERY ROAD
City: ZELLWOOD FL Zip Code: 32798

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 ______________________ 01/28/2001
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	S	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	HOFFAMN, JOAN H		NAME	HOFFAMN, JOAN H	
STREET ADDRESS	9 E. STEEL STREET		STREET ADDRESS	9 E. STEEL STREET	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	HOFFMAN, JOHN J		NAME	HOFFMAN, JOHN J	
STREET ADDRESS	16934 CR 48		STREET ADDRESS	5354 CEMETERY ROAD	
CITY-ST-ZIP	MT DORA FL		CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: John J Hoffman PD 01/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #