FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90773 003 ***150.00

DOCUMENT # F026624

1. Entity Name

TRENT ELECTRIC INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5354 Cemetery Road	PO Box 608
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zellwood FL	City & State: Zellwood FL
Zip: 32798 Country: USA	Zip: 32798 Country: USA

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

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

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7. Name and Address of Current Registered Agent

Name: John J Hoffman

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 _____
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	John J Hoffman
STREET ADDRESS	5354 Cemetery Road
CITY-ST-ZIP	Zellwood FL 32798
TITLE	S
NAME	Joan H Hoffman
STREET ADDRESS	9 E.Steele Street
CITY-ST-ZIP	Orlando FL 32804
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ John J Hoffman 04/11/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #