2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2000 8:00 am Secretary of State DOCUMENT # **P95000029579** TRINITY INVESTMENT & DEVELOPMENT, INC. 03-07-2000 90087 008 ***150.00 Mailing Address Principal Place of Business 2650 SE 4TH STREET 2650 SE 4TH STREET POMPANO BEACH FL 34985-7637 POMPANO BEACH FL 33062 **LUU33943** 2. Principal Place of Business 2681 SE De 3. Mailing Address **32 । १**र्ज DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0578849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 34952 1953 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORTON, R. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2650 SE 4TH STREET POMPANO BEACH FL 33062 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) tered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE HORTON, R. MICHAEL NAME NAME STREET ADDRESS 2681 SE Delong Rd 2650 SE-4TH-STREET-STREET ADDRESS **POMPANO BEACH FL-33082** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE HORTON, CAROL J NAME NAME 2681 SE Delong Rd. 2650 SE-4TH-STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Port St. Lucie, Fla POMPANO BEACH FL 93062-CITY-ST-ZIP Change ☐ Addition Delete _ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3.3-00 (561) 331-7266

☐ Change

☐ Addition