

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004361

1. Entity Name

TRINITY INVESTMENTS OF NORTHWEST FLORIDA, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90010 007 ***150.00

Principal Place of Business

Mailing Address

866 SANTA ROSA BLVD
 FT. WALTON BCH FL 32548
 US

866 SANTA ROSA BLVD
 FT. WALTON BCH FL 32548-6093
 US

2. Principal Place of Business

4 LAGUNA STREET

3. Mailing Address

P.O. BOX 4941

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

FORT WALTON BCH, FLA

City & State

FWB FLA

4. FEI Number

59-3359870

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

32548

Country

USA

Zip

32549

Country

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHWEIZER, TODD
 866 SANTA ROSA BLVD
 FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name **TODD SCHWEIZER**

Street Address (P.O. Box Number is Not Acceptable)

4 LAGUNA STREET

SUITE 201

City **FWB**

FL

Zip Code **32548**

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

3-12-2000

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, 2000 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

TITLE Delete
 NAME **PSTD SCHWEIZER, W. TODD**
 STREET ADDRESS **33 BAY DRIVE, SE**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-2000

CR2E034 19/99