2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000082327** May 07, 2000 8:00 am **Secretary of State** TRINICK & ASSOCIATES, INC. 05-07-2000 90033 003 ***150.00 Mailing Address Principal Place of Business 15928 DOVER CLIFFE DRIVE 15928 DOVER CLIFFE DRIVE LUTZ FL 33549-6122 LUTZ FL 33549 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3539285 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RINICKER, TOMMY L Street Address (P.O. Box Number is Not Acceptable) -- 15928 ROVER CLIPPE DR 16918 BOUER CLIFFE DR **LUTZ FL 33549** Zip Code aging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of SIGNATURE ((NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 Change ☐ Addition TITLE ☐ Delete TITLE RINICKER, TOMMY L NAME NAME STREET ADDRESS 15928 DOVER CLIFFE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** Addition ☐ Change ☐ Delete TITLE TITLE RINICKER, ELAINE A NAME NAME STREET ADDRESS 15928 DOVER CLIFFE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** _ Change _ Addition □ .Delete TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE 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-7IF 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 empa 3-15-00

SIGNATURE: