## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name

DOCUMENT # P02000097371

TRENTON ELECTRONICS, INC. Principal Place of Business Mailing Address AC OUNTOWODTH LAND 45 CHATCH/ODTH LAND

## **FILED** May 02, 2003 8:00 am Secretary of State 05-02-2003 90388 043 \*\*\*150.00

FLAGLER BEACH			FLAGLER BEACH FL 32136					<b>         </b>		
2. Principal Place of Business		3. Mailing	3. Mailing Address					i		
Suite, Apt. #,	etc.	Suite, Ap	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & St	City & State			4. FELNumber Applied For Not Applicable				
Zip	Zip Country Zip			Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Cur	rent Registered A	gent	T	7,	Name and Addre	ss of New R	egistered A	gent	
202.5				Name						
NAULT, DON			Street Address			(P.O. Box Number is Not Acceptable)				
FLAGLER BE	ACH FL 32136							-		
4.								FL	Zip Code	
the obligation	amed entity submits this statements of registered agent.	int for the purpose	of changing its re	egistered office or	registered a	igent, or both, in th	e State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE	gnature, typed or printed name of registered	agent and title if applicable	. (NOTE:	Registered Agent signatu	re required when	reinstaling)		- DATE		<del></del>
After M	E NOW!!! FEE IS \$150.00 fay 1, 2003 Fee will be \$550 ayable to Florida Departmen						Campaign Find Contribution			<b>0</b> May Be I to Fees
10.	OFFICERS /	AND DIRECTORS		11.		ODITIONS/CHAN	GES TO OFF	ICERS AND	DIRECTORS	S IN 11
STREET ADDRESS 15	AULT, DONNA V 5 CHATSWORTH LANE AGLER BEACH FL 32136	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P,	s,T			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<b>x</b>		Change	Addition }
TITLE NAME			☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby cer	rtify that the Information supplied		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stat	ed in Section	n 119.07(3)(i). Flori	da Statutes I	further cert	Change	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**