

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 627789

1. Entity Name

TRINITY POOLS, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90008 007 ***150.00

Principal Place of Business

Mailing Address

% DANIEL
300 SW 67TH AVENUE
MARGATE FL 33068

% DANIEL
300 SW 67TH AVENUE
MARGATE FL 33068-1585

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1924512

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL, ROY J.
7204 SOUTHGATE BLVD
NORTH LAUDERDALE FL 33068

Name

Roy J. Daniel

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

300 SW 67 Avenue

City Margate

FL

Zip Code

33068

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 *Roy J. Daniel*
Signature, typed or printed name of registered agent and title if applicable.

Roy J. Daniel
President

1-21X-00

DATE

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DANIEL, ROY J.
STREET ADDRESS 300 S.W. 67 AVE.
CITY-ST-ZIP MARGATE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME DANIEL, SHELBY
STREET ADDRESS 300 S.W. 67TH AVE.
CITY-ST-ZIP MARGATE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE *Roy J. Daniel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy J. Daniel

President

Date

Daytime Phone #

1-26-00 (954) 722-3504

CR2E034 (9/99)