

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90047 006 \*\*\*158.75

**DOCUMENT # 629723**

1. Entity Name

**TRIDENT INDUSTRIAL PRODUCTS CORP.**

Principal Place of Business

Mailing Address

8555 W. MCNAB RD  
TAMARAC FL 333218555 W. MCNAB RD  
TAMARAC FL 33321-3209**612245**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1922363**Applied For  
Not Applied5. 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

**SCHNEIDER, JEROME**  
**8040 BUTTONWOOD CR.**  
**TAMARAC FL 33321**Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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 ☐ **\$5.00** May  
Trust Fund Contribution. Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE \_\_\_\_\_ ☐ Delete  
NAME **PD SCHLOSSBERG, MORTON**  
STREET ADDRESS **10157 NW 3RD PLACE**  
CITY-ST-ZIP **CORAL SPRINGS FL**TITLE \_\_\_\_\_ ☐ Change ☐  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_TITLE \_\_\_\_\_ ☐ Delete  
NAME **STD GORDON, STEVEN**  
STREET ADDRESS **5879 NW 126TH TERR.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**TITLE \_\_\_\_\_ ☐ Change ☐  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_TITLE \_\_\_\_\_ ☐ Delete  
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CITY-ST-ZIP \_\_\_\_\_TITLE \_\_\_\_\_ ☐ Change ☐  
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 changed, or on an attachment with an address, with all other like empowered.

**MORTON SCHLOSSBERG**

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00 934-7242