

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747290

1. Entity Name

TRINITY VILLAS, INC.

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90047 033 *****61.25

Principal Place of Business

3728 N.E. 8TH PLACE
OCALA FL 34470

Mailing Address

3728 N.E. 8TH PLACE
OCALA FL 34470

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6046993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BULLARD, WARREN
121 N.W. 3RD ST.
OCALA FL 34475

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS NADEAU, MARILYN
CITY-ST-ZIP 1833 N.E. 39TH COURT
OCALA FL

TITLE ☐ Delete
NAME VD
STREET ADDRESS BULLARD, WARREN
CITY-ST-ZIP 121 N.W. 3RD ST.
OCALA FL 34475

TITLE ☐ Delete
NAME SD
STREET ADDRESS FAGAN, TINA
CITY-ST-ZIP 4027 N.E. 20TH STREET
OCALA FL

TITLE ☐ Delete
NAME TD
STREET ADDRESS WRIGHT, JEFF
CITY-ST-ZIP 1547 N.E. 2ND ST.
OCALA FL 34475

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)