

2002 UNIFORM BUSINESS REPORT (UBR)

000771 AT

DOCUMENT # A32904

1. Entity Name
TRINITY CAPITAL LIMITED

FILED

02 MAR 15 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
175 LOOKOUT PLACE, SUITE 201
MAITLAND FL 32751

Mailing Address
175 LOOKOUT PLACE, SUITE 201
MAITLAND FL 32751

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
City & State

4. FEI Number 59-3143906
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

LEERDAM, A C
175 LOOKOUT PLACE, SUITE 201
MAITLAND FL 32751

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

9. Capital Contributions as Shown on record. 1,045,994.40
10. Amount of Capital Contributions in FLORIDA to date. 1,045,994.40
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # V33284
NAME TRINITY CAPITAL, INC.
STREET ADDRESS 175 LOOKOUT PLACE, #201
CITY-ST-ZIP MAITLAND FL 32751

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)