

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002555

1. Entity Name

TRIKING INDUSTRIES, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90080 037 \*\*\*158.75

Principal Place of Business	Mailing Address
433 WALKER ST 1 E HOLLY HILL FL 32117 US	433 WALKER ST 1 E HOLLY HILL FL 32117-2652 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		43-1694896	Applied For
			Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCGUIRE, LARRY L 433 WALKER ST #1 E HOLLY HILL FL 32117		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, LARRY L	NAME	
STREET ADDRESS	448 BLUSTERY DR	STREET ADDRESS	358 Blue Sky Drive
CITY-ST-ZIP	PORT ORANGE FL 32119	CITY-ST-ZIP	Port Orange, FL 32119
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, KAREN S	NAME	
STREET ADDRESS	448 BLUSTERY DR	STREET ADDRESS	358 Blue Sky Drive
CITY-ST-ZIP	PORT ORANGE FL 32119	CITY-ST-ZIP	Port Orange, FL 32119
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Karen S. McGuire Karen S. McGuire 4/17/00 904/248-0156  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E014 (1/99)