

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90122 009 ***150.00

DOCUMENT # F98000002851

1. Entity Name

TRIXE MANAGEMENT GROUP INC.

Principal Place of Business

Mailing Address

**3038 PINEHURST DRIVE
 LAKE WORTH FL 33467-1414**

**3038 PINEHURST DRIVE
 LAKE WORTH FL 33467-1414**

2. Principal Place of Business

3048 JOG ROAD

3. Mailing Address

3048 JOG ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREENACRES, FL

City & State

GREENACRES, FL

4. FEI Number

65-0816848

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

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

**SIMPSON, JOSEPH D JR
 3038 PINEHURST DRIVE
 LAKE WORTH FL 33467-1414**

Name

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

3048 JOG ROAD

City

GREENACRES

FL

Zip Code

33467

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

1/17/00

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 **SIMPSON, JOSEPH D JR.**
 STREET ADDRESS **3038 PINEHURST DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL 33467-1414**

TITLE ☒ Change ☐ Addition
 NAME **3048 JOG ROAD**
 STREET ADDRESS **GREENACRES, FL 33467**
 CITY-ST-ZIP

TITLE **CD** ☐ Delete
 NAME **NICHOLLS, MARK H**
 STREET ADDRESS **1809 MERRITTVILLE HWY**
 CITY-ST-ZIP **FONTHILL ONTARIO CANADA**

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

TITLE **VD** ☐ Delete
 NAME **PULLIN, DOUG**
 STREET ADDRESS **1809 MERRITTVILLE HWY**
 CITY-ST-ZIP **FONTHILL ONTARIO CANADA**

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

TITLE **STD** ☐ Delete
 NAME **NICHOLLS, SID O**
 STREET ADDRESS **1809 MERRITTVILLE HWY**
 CITY-ST-ZIP **FONTHILL ONTARIO CANADA**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-2000 (561) 968-6017

CR2E034 (9/99)