

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90077 028 ***150.00

DOCUMENT # J71723

1. Entity Name

TRIDENT CONTAINER SERVICES INC.

Principal Place of Business

**2663 BAILEY RD
FERNANDINA BEACH FL 32034
US**

Mailing Address

**PO BOX 1565
FERNANDINA BEACH FL 32035
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2857673

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

PITTMAN, SAMUEL H

2663 BAILEY RD

FERNANDINA BEACH FL 32034

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, 2002 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 ☐ Delete
NAME **D LEWIS, ROBERT S**
STREET ADDRESS **14 PAR LA VILLE, PAR LA VILLE PLACE**
CITY-ST-ZIP **HAMILTON, HMJX, BERMUDA BE**

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

TITLE ☐ Delete
NAME **D WHITE, JOHN**
STREET ADDRESS **14 PAR LA VILLE, PAR LA VILLE PLACE**
CITY-ST-ZIP **HAMILTON, HMJX, BERMUDA**

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

TITLE ☐ Delete
NAME **D FARGE, ROGER**
STREET ADDRESS **14 PAR LA VILLE, PAR LA VILLE PLACE**
CITY-ST-ZIP **HAMILTON, HMJX, BERMUDA BE**

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

TITLE ☐ Delete
NAME **D PITTMAN, SAMUEL H**
STREET ADDRESS **1709 BLUE HERON LN**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

TITLE ☐ Delete
NAME **S MELTON, MARY**
STREET ADDRESS **1676 SCRUBBY BLUFF RD**
CITY-ST-ZIP **KINGSLAND GA 31548**

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

TITLE ☐ Delete
NAME **D DE RUITER, MAARTEN L**
STREET ADDRESS **19 RECTOR ST., STE 2803**
CITY-ST-ZIP **NEW YORK NY 10006**

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: *Samuel H. Pittman* **SAMUEL H. PITTMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 8, 2002 (904) 261-2888

Date

Daytime Phone #