

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90075 050 ***150.00

DOCUMENT # K77134

1. Entity Name
TRIDENT TECH SERVICES, INC.

Principal Place of Business
6255 S.E. CHARLESTON PL
D-201
HOBE SOUND FL 33455

Mailing Address
6255 S.E. CHARLESTON PL
D-201
HOBE SOUND FL 33455-7371

2. Principal Place of Business
821 S.W. Bay Point Circle

3. Mailing Address
821 S.W. Bay Point Circle

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Palm City, FL

City & State
Palm City, FL

4. FEI Number
31-1265858

Applied For
☐ Not Applicable

Zip
34990

Country
MARTIN

Zip
34990

Country
MARTIN

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COLLINS, JAMES G.
6255 S.E. CHARLESTON PLACE
D-201
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent
 Name
Same
 Street Address (P.O. Box Number is Not Acceptable)
821 S.W. Bay Point Circle
 City
Palm City **FL** Zip Code
34990

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 *James G. Collins* **James G. COLLINS, RA** **3/20/00**
 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, 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	DP	<input type="checkbox"/> Delete	TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JAMES G.		NAME	JAMES G. COLLINS	
STREET ADDRESS	6255 S.E. CHARLESTON PL		STREET ADDRESS	821 S.W. Bay Point Circle	
CITY-ST-ZIP	HOBE SOUND FL		CITY-ST-ZIP	Palm City, FL 34990	
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: **SIGNATURE REQUIRED** *James G. Collins* **(561) 223-0056**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E034 (9/99)