2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90386 033 ***150.00

90121018

DOCUMENT # K77134

1. Entity Name
TRIDENT TECH SERVICES, INC.

Principal Place of Business	Mailing Address
821 SW BAY POINT CIRCLE PALM CITY, FL 34990	821 SW BAY POINT CIRCLE PALM CITY, FL 34990

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5691 SEA LAVENDAR PL		5691 SEA LAVENDAR PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MELBORNE FL		City & State: MELBORNE FL	
Zip: 32951	Country: USA	Zip: 32951	Country: USA

4. FEI Number: 31-1265858 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, JAMES G.
821 SW BAY POINT CIRCLE
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 5691 SEA LAVENDAR PL
City: MELBORNE FL Zip Code: 32951

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] JAMES G. COLLINS DIRECTOR/PRESIDENT 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS / **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10.			11.		
TITLE	DP	☐ Delete	TITLE	DP	☒ Change ☐ Addition
NAME	COLLINS, JAMES G.		NAME	JAMES G. COLLINS	
STREET ADDRESS	821 SW BAY POINT CIRCLE		STREET ADDRESS	5691 SEA LAVENDAR PL	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	MELBORNE FL 32951	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JAMES G. COLLINS DIRECTOR/PRESIDENT (321) 727-8289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/28/03 Daytime Phone #

CR2E034 (10/02)