

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90181 039 ***150.00

DOCUMENT # K84981

1. Entity Name
TRIDENT MANAGEMENT GROUP, INC.

Principal Place of Business 7575 DR PHILLIPS BLVD STE 310 ORLANDO FL 32819-7262	Mailing Address 7575 DR PHILLIPS BLVD STE 310 ORLANDO FL 32819-7262
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. STE 210	Suite, Apt. #, etc. STE 210
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2956204	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HARGADON, E WADE
 7575 DR PHILLIPS BLVD
 SUITE 310
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **J. CRAIG LYNCH**
 Street Address (P.O. Box Number is Not Acceptable)
**7575 Dr. Phillips Blvd
 STE 210**
 City **Orlando** FL Zip Code **32819**

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 *J.C. Lynch* 1/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	C	<input type="checkbox"/> Delete
NAME	HARGADON, E. WADE	
STREET ADDRESS	7575 DR PHILLIPS BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LYNCH, KARA H	
STREET ADDRESS	7575 DR PHILLIPS BLVDS	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LYNCH, JAMES CRAIG	
STREET ADDRESS	7575 DR PHILLIPS BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *J.C. Lynch* 1/15/01 407 345 8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)