

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE 210

City & State

Zip

Country

Suite, Apt. #, etc.

STE 210

City & State

Zip

Country

4. FEI Number **59-2956204**

Applied For

Not Applicable

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

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

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

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

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

1/15/01

DATE

407 345 8400

DAYTIME PHONE #

CR2E034 (10/00)