

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003130

1. Entity Name

TRIDENT PROTECTIVE SERVICES, L.L.C.

Principal Place of Business

Mailing Address

12250 HIGHWAY 80
FT MYERS SHORES FL 33905

12250 HIGHWAY 80
FT MYERS SHORES FL 33905

2. Principal Place of Business

3. Mailing Address

12250 PALM BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT MYERS SHORES FL

Zip

Country

Zip

Country

33905

4. FEI Number

65-1021067

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, SAMUEL L
3738 CENTRAL AVE., #172
FORT MYERS FL 33901

Name

JOHNSON, SAMMIE L.

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

CEO - MANAGER - President
SAMMIE L. JOHNSON
3738 CENTRAL AVENUE #172
FT. MYERS FL 33901

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
RUBEN BURGOS
13908 MATANZAS DRIVE
FT. MYERS FL 33905

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800004488358-7
-07/20/01--01101--008
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SAMMIE L. JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/12/01 941-694-5250

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE