

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90071 036 \*\*\*\*50.00

**DOCUMENT # L00000015521**

1. Entity Name

**TRIDENT PRESS INTERNATIONAL, LLC**

Principal Place of Business

**801 12TH AVENUE SOUTH, SUITE 302  
 NAPLES FL 34102**

Mailing Address

**801 12TH AVENUE SOUTH, SUITE 302  
 NAPLES FL 34102**

2. Principal Place of Business

**801 12th Avenue South**

3. Mailing Address

**801 12th Avenue South**

Suite, Apt. #, etc.

**Suite 400**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Naples FL**

City & State

**Naples FL**

Zip

**34102**

Country

Zip

**34102**

Country

4. FEI Number

**59-3686055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BAILEY, SIMON S  
 801 12TH AVENUE SOUTH, SUITE 302  
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PTD  
 BAILEY, SIMON  
 801 12TH AVENUE SO., STE 302  
 NAPLES FL 34102**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/1/02 941-649-0077**

CR2E083 (9/01)