

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000008745

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: TRIJON ENTERPRISES LLC

**Current Principal Place of Business:**

4935 91ST AVE N  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

2101 CENTRAL AVENUE  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

4935 91ST AVE N  
PINELLAS PARK, FL 33782

**New Mailing Address:**

2101 CENTRAL AVENUE  
ST. PETERSBURG, FL 33713

FEI Number: 59-3706754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: JONES, BARRY F  
Address: 2101 CENTRAL AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: MGRM ( ) Change (X) Addition  
Name: TRIFLER, MICHAEL B  
Address: 4935 91ST. AVENUE NORTH #B  
City-St-Zip: PINELLAS PARK, FL 33782

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARRY F. JONES

MGRM

04/30/2002

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date