

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91500 010 ***150.00

DOCUMENT # M81410

1. Entity Name
TRIDENT HEALTHCARE CORPORATION

Principal Place of Business
1022 MAIN STREET
SUITE Q
DUNEDIN FL 34698

Mailing Address
1022 MAIN STREET
SUITE Q
DUNEDIN FL 34698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2892571**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

JORDAN, RALPH E.
1022 MAIN STREET STE Q
DUNEDIN FL 34698-5225

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 _____

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, 2002 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 **PST**
 NAME **JORDAN, RALPH E.**
 STREET ADDRESS **1022 MAIN STREET Q**
 CITY-ST-ZIP **DUNEDIN FL 34698-5225**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **RALPH E JORDAN**
 STREET ADDRESS **1022 MAIN STREET STE Q**
 CITY-ST-ZIP **DUNEDIN FL 34698-5225**

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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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

727-736-4488
 Daytime Phone #

CR2E034 (9/01)