

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015269 , AF

DOCUMENT # M98000001569

1. Entity Name
TRIDENT-COASTAL L.L.C.

00 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3400 EAST LAFAYETTE
DETROIT MI 48207

Mailing Address
3400 EAST LAFAYETTE
DETROIT MI 48207-4962



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 38-3445189

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS TRIDENT PROPERTIES, INC.
CITY- ST- ZIP 3400 EAST LAFAYETTE
DETROIT MI 48207 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003256716--0
CITY- ST- ZIP -05/18/00--01016--013
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

1. 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:

David A. Brown, Vice President of Trident Properties

4/21/00 313.567.7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #

CR2E083 (9/99)