## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # M99950 Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** TRIDENT RESEARCH GROUP, INCORPORATED 03-28-2000 90005 006 \*\*\*150.00 Principal Place of Business Mailing Address % E. WAYNE HARRIS % E. WAYNE HARRIS 4691 N. UNIVERSITY DR. #320 4691 N. UNIVERSITY DR. #320 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067-4620 2. Principal Place of Business 3. Mailing DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0076224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS, E. WAYNE 4691 N. UNIVERSITY DR. #320 **CORAL SPRINGS FL 33067** registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office or FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition PD ☐ Change TITLE ☐ Delete NAME HARRIS, E. WAYNE NAME STREET ADDRESS STREET ADDRESS 3240 N.W. 114TH AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL Addition ☐ Change ☐ Delete TITLE TITLE HARRIS, STACEY D. NAME STREET ADDRESS STREET ADDRESS 3240 N.W. 114TH AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL Defete ☐ Change Addition TITLE TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment of the corporation of the receiver of trustee empowered.