

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004145

1. Entity Name  
TRINITY IN MOTION, INC.

Principal Place of Business  
2180 KINGS ROAD  
JACKSONVILLE FL 32209

Mailing Address  
2180 KINGS ROAD  
JACKSONVILLE FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3561302

Applied For

Not Applicable

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

CANDACE, QUEEN  
2180 KINGS ROAD  
JACKSONVILLE FL 32209

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

*Queen Candace*

12-2-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution..

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **D**  
NAME CANDACE, QUEEN  
STREET ADDRESS 2180 KINGS ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32209  
Delete  *Treasurer*  
Delete  *Secretary*

TITLE **D**  
NAME BROOKS, ALBERTHA  
STREET ADDRESS 4412-SUMMER-HAVEN BLVD S.  
CITY-ST-ZIP JACKSONVILLE FL 32258  
Delete  *-D*

TITLE **TS**  
NAME CLARK, ANSON  
STREET ADDRESS 201 HOWARD AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168  
Delete

TITLE  
NAME *Helen Felix*  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TS**  
NAME *Queen Candace*  
STREET ADDRESS *2180 Kings Road*  
CITY-ST-ZIP *Jacksonville FL 32209*  
Change  Addition

TITLE **D**  
NAME *Helen Felix - Chaplain*  
STREET ADDRESS *1816 W 10th Street*  
CITY-ST-ZIP *Jacksonville FL 32209*  
Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  Addition   
*900003509219*  
*12/20/00-01079-007*  
*\*\*\*\*236.25 \*\*\*\*236.25*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other ~~the~~ empowered.

SIGNATURE:

*Queen Candace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9700  
Date Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC -8 PM 5:21



REINSTATEMENT

000149  
CR2E037 (5/00)