

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000009433****1. Entity Name**
TRINITY BOOKKEEPING, CONSULTING, AND PRINTING, IFILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT -8 AM 8:36

Principal Place of Business**950 GREENWOOD AVE.
ORANGE CITY FL 32763****Mailing Address****950 GREENWOOD AVE.
ORANGE CITY FL 32763****2. Principal Place of Business****950 Greenwood Ave.**

Suite, Apt. #, etc.

3. Mailing Address**950 Greenwood Ave.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State**Orange City, FL****City & State****Orange City, FL****4. FEI Number****59-3624821****Applied For**

Not Applicable

Zip**32763****Country****U. S. A.****Zip****32763****Country****U.S.A.****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****TAYLOR, IRMA E
950 GREENWOOD AVE.
ORANGE CITY FL 32763**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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**
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Irma E. Taylor
950 Greenwood Ave
Orange City, FL 32763☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
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CITY-ST-ZIP
☐ Delete**TITLE**
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☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**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 empowered.****SIGNATURE:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****Irma E. Taylor/President-C.E.O.**

Date

(386) 736-5933 #2458**9/1/01**

Daytime Phone #

CR2E034 (5/01)

Irma E. Taylor 10/4/01

TRINITY BOOKKEEPING, CONSULTING, PRINTING,
INC.

October 4, 2001

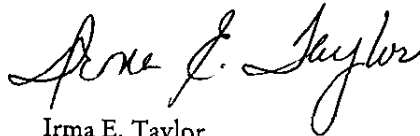
Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I did not receive my first notice for an annual report. This is my first year and first report.

If you have any questions, please contact me at (386) 774-7068 after 6:00 p.m. or (386) 717-8188.

Thank you,



Irma E. Taylor
President & C.E.O.