

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90600 012 ***150.00

DOCUMENT # P00000009433
 1. Entity Name
TRINITY BOOKKEEPING, CONSULTING, AND PRINTING, I NC.

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

2. Principal Place of Business 3. Mailing Address
950 Greenwood Ave. **950 Greenwood Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orange City, FL 32763 **Orange City, FL 32763**
 Zip Country Zip Country
32763 **USA** **32763** **USA**

4. FEI Number Applied For
59-3624821 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TAYLOR, IRMA E
950 GREENWOOD AVE.
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent
 Name
Irma E. Taylor
 Street Address (P.O. Box Number is Not Acceptable)
950 Greenwood Ave.
 City State Zip Code
Orange City **FL** **32763**

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: *Irma E. Taylor* - IRMA E. TAYLOR DATE: **4/8/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, IRMA E 950 GREENWOOD AVE ORANGE CITY FL 32763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE: *Irma E. Taylor* - IRMA E. TAYLOR Date: **4/23/02** Daytime Phone #: **386.736.5933**
Signature and typed or printed name of signing officer or director

CR2E034 (9/01)