

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017126

1. Entity Name

TRINITY ACQUISITIONS INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90046 029 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 344
SHALIMAR FL 32579-0330

POST OFFICE BOX 344
SHALIMAR FL 32579-0330

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

59-3651515

Applied For

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

7. Name and Address of New Registered Agent

THE TRIPLER LAW FIRM, P.C.
PARADISE VILLAGE
348 S.W. MIRACLE STRIP PKWY., STE. 18
FORT WALTON BEACH FL 32548

Name

Cotton & Gates, P.A.

Street Address (P.O. Box Number is Not Acceptable)

3 Plew Avenue

City

Shalimar

FL

Zip Code

32579

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 Cotton & Gates P.A. Law Firm by Ernest L. Cotton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/01

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 \$150.00
After MAY 1, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, JASON POST OFFICE BOX 344 SHALIMAR FL 32579-0330 <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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

830-8372

Daytime Phone #

CR2E034 (10/00)