

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

0124163 AT

**DOCUMENT # - P00000076388**

1. Entity Name  
**TRIUM-MIT TECH, INC.**

08-31-2001 90235 032 \*\*\*150.00

Principal Place of Business  
**1801 NE 17TH PLACE**  
**CAPE CORAL FL 33909**

Mailing Address  
**1801 NE 17TH PLACE**  
**CAPE CORAL FL 33909**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1040977**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**SHOUP, TIMOTHY ZANE**  
**1801 NE 17TH PLACE**  
**CAPE CORAL FL 33909**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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.  
 (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	<del>President</del> <del>TIMOTHY Z. SHOUP</del> <del>1801 NE 17TH PL</del> <del>CAPE CORAL FL 33909</del>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Vice President</del> <del>ERIN SHOUP</del> <del>1801 NE 17TH PL</del> <del>CAPE CORAL FL 33909</del>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President / T</del> <del>TIMOTHY Z. SHOUP</del> <del>1801 NE 17TH PL</del> <del>CAPE CORAL FL 33909</del>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP / S</del> <del>ERIN SHOUP</del> <del>1801 NE 17TH PL</del> <del>CAPE CORAL FL 33909</del>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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"/> Change	<input type="checkbox"/> 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: ERIN SHOUP  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/12/01 Daytime Phone # 941 573 1951

CR2E034 (5/01)

**TRIM-MIT TECH, INC.**

1801 N.E. 17<sup>th</sup> PLACE  
CAPE CORAL, FLORIDA 33909  
(941)573-1951  
AUGUST 20, 2001

Attachment  
D#P00000076388  
B0063019

FROM the office of the PRESIDENT

FLORIDA DEPARTMENT OF STATE  
SECRETARY of STATE  
DIVISION of CORPORATIONS  
UNIFORM BUSINESS REOPRTS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

DEAR DIVISION of CORPORATIONS,

We are asking for ABATEMENT of PENALTY DUE to REASONABLE CAUSE.

WE ARE ASKING FOR ABATEMENT OF PENALTY DUE TO REASONABLE CAUSE.

The report was not filed for the following reasons: 1.) Did not receive a report to file until July of 2001. 2.) Retained an attorney and accountant when the Corporation was formed and they did not inform me a report needed to be filed.

As soon as we were informed by the state, we complied as quickly as possible in filling out the information and sending it to Tallahassee.

Thank you for your immediate attention to this matter.

Sincerely yours,



Timothy Z. Shoup, President

ENCLOSURES: UNIFORM BUSINESS REPORT and check.