

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90055 036 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000095198
 1. Entity Name
TRENCH TECHNICIANS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7552 GRIFFIN ROAD
 Suite, Apt. #, etc.

3. Mailing Address
7552 GRIFFIN ROAD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVIE, FL

City & State
DAVIE, FLORIDA

4. FEI Number
65-1041796

Applied For
 Not Applicable

Zip
33314

Country
USA

Zip
33314

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOSEPH S. LANIA, CPA

Street Address (P.O. Box Number is Not Acceptable)
8982 TAFT STREET

City
PEMBROKE PINES

State
FL

Zip Code
33024-4649

8. The above named entity submits this agreement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **JOSEPH S. LANIA, CPA** **04/29/2002**
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. **January 1 - May 1 - Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MILLER, KEVIN M 7552 GRIFFIN ROAD DAVIE, FL. 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS OBIER, JAMES E. 7552 GRIFFIN ROAD DAVIE, FL. 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAMES E. OBIER, PRES** **04/29/2002 (954) 321-0468**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)