


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000095198

1. Entity Name
TRENCH TECHNICIANS, INC.



Principal Place of Business
 2233 SW 34 TERRACE
 FT LAUDERDALE, FL 33312

Mailing Address
 2233 SW 34 TERRACE
 FT LAUDERDALE, FL 33312

11038703



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

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

CHECK HERE IF MAKING CHANGES

City & State
DAVIE, FL

City & State
DAVIE, FL

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

6. Name and Address of Current Registered Agent
MILLER, LORLY
 2233 SW 34 TERRACE
 FT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name
JAMES E. OBIER

Street Address (P.O. Box Number is Not Acceptable)
c/o LANIA, CPA 8982 TAFT ST.

City
Pembroke Pines, FL

Zip Code
33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James E. Obier* (NOTE: Registered Agent's signature required when resigning)

DATE 04/27/2003

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, KEVIN M 2233 SW 34 TERRACE FT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BIER, JAMES E 3741 SW 68 AVE DAVIE, FL 33314 <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	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P S T 7552 GRIFFIN ROAD DAVIE, FL 33314
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James E. Obier* **JAMES E. OBIER, Pres.** 04/27/2003 (954) 553-9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)