

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90256 020 ***150.00

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DOCUMENT # P01000009100

1. Entity Name

TRINITY PROPERTY INVESTMENTS INC.



Principal Place of Business

**5032 SOUTHAMPTON CIR
TAMPA FL 33647**

Mailing Address

**5032 SOUTHAMPTON CIR
TAMPA FL 33647**

2. Principal Place of Business

1501 E SLIGH AVE

3. Mailing Address

1501 E SLIGH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33610

Country

HILLSBOROUGH

Zip

33610

Country

HILLSBOROUGH

4. FEI Number

59-3732459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CARCARY, SHONA

**5032 SOUTHAMPTON CIR
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name

RS

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

1501 E SLIGH AVE

City

TAMPA

FL

Zip Code

33610

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P** ☐ Delete
NAME **CARCARY, SHAUN LLOYD R**
STREET ADDRESS **5032 SOUTHAMPTON CIR**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **VPD** ☐ Delete
NAME **CARCARY, SHONA R**
STREET ADDRESS **5032 SOUTHAMPTON CIR**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **VPD** ☐ Delete
NAME **VAN ROOYEN, WAYNE**
STREET ADDRESS **5032 SOUTHAMPTON CIR**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03 or 813 972 7133
813 971 0027**

Date

Daytime Phone #

CR2E034 (10/02)