

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90162 002 ***150.00

DOCUMENT #

1. Entity Name

TRINITY ASSOCIATES, INC.
PO 1000023064

DO NOT WRITE IN THIS SPACE

831449

2. Principal Place of Business

1039 TOSKI DRIVE
Suite, Apt. #, etc.

3. Mailing Address

1039 TOSKI DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TRINITY FL

City & State
TRINITY FL

4. FEI Number
59-3704493

Applied For
Not Applicable

Zip
34655

Country
PASCO

Zip
34655

Country
PASCO

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

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7. Name and Address of Current Registered Agent

Name
ROBERT E. BUHLMANN

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

1039 TOSKI DRIVE

City
TRINITY FL Zip
34655

8. If 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: Robert E. Buhlmann ROBERT E. BUHLMANN 4/5/2002
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. (See criteria on back) ☒

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
P/V/T/S/D/C/M
ROBERT E. BUHLMANN
1039 TOSKI DR TRINITY FL 34655

TITLE
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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 that I am empowered.

SIGNATURE: Robert E. Buhlmann ROBERT E. BUHLMANN 4/5/2002 727-773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4604