2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2004 8:00 am
Secretary of State
03-19-2004 90056 044 ***150.00

DOCUMENT # P01000028690

1. Entity Name

TRINITY MULTI-SPORT, INC.

DO NOT WRITE IN THIS SPACE

94032757

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2. Principal Place of Business	3. Mailing Address
4246 COMMERCIAL DRIVE	4246 COMMERCIAL DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBRING, FLA	City & State: SEBRING, FLA.
Zip: 33870 Country: USA	Zip: 33870 Country: USA

4. FEI Number 59-3705205 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ROBERT L. MOULDS

Street Address (P.O. Box Number is Not Acceptable): 4246 COMMERCIAL DRIVE

City: SEBRING **FL** Zip Code: 33870

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) ☐

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	P, S, D	TITLE	
NAME	ROBERT L. MOULDS	NAME	
STREET ADDRESS	4246 COMMERCIAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FLA. 33870	CITY-ST-ZIP	
TITLE	VP, T, D	TITLE	
NAME	VALERIE MOULDS	NAME	
STREET ADDRESS	4246 COMMERCIAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FLA. 33870	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Robert L Moulds 1/4/04 863-382-7722

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

ROBERT L. MOULDS