

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

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90110 020 \*\*\*150.00

DOCUMENT # P01000028690

1. Entity Name

~~TRINITY ENDURANCE FITNESS, INC.~~  
~~TRINITY MULTI-SPORT, INC.~~

(NC) 03/12/0

10057580

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4490 WORTHINGTON COURT

Suite, Apt. #, etc.

3. Mailing Address

4490 WORTHINGTON COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR, FLA

City & State

PALM HARBOR, FLA

4. FEI Number

59-3705205

Applied For

Not Applicable

Zip

34685-1161

Country

US

Zip

34685-1161

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROBERT L. MOULDS

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

4490 WORTHINGTON COURT

City

PALM HARBOR

FL

Zip Code

34685-1161

**DO NOT WRITE  
IN THIS SPACE**

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

Robert L. Moulds

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/03

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 \$81.25

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

P, S, D  
ROBERT L. MOULDS

STREET ADDRESS

4490 WORTHINGTON COURT

CITY-ST-ZIP

PALM HARBOR, FLA. 34685-1161

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

VP, T, D  
VALERIE MOULDS

STREET ADDRESS

4490 WORTHINGTON COURT

CITY-ST-ZIP

PALM HARBOR, FLA. 34685-1161

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03 727-785-7700

Date

Daytime Phone #