

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90600 035 ***150.00

DOCUMENT # P01000094237

1. Entity Name

Trinity Boats Inc.



DO NOT WRITE IN THIS SPACE

90007516

2. Principal Place of Business

1673 S.W. Billmore St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Port St Lucie FL

34984

4. FEI Number

65-1141189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BETTY GREENE

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

2046 SE ANCOR CT

Port St Lucie

FL

Zip Code

34952

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 Pres Dir
NAME Betty Greene
STREET ADDRESS 2046 SE ANCOR CT
CITY-ST-ZIP Port St Lucie FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Pres Dir
NAME Answorth Harris
STREET ADDRESS 1772 SW TUDOR LANE
CITY-ST-ZIP Port St Lucie FL 34984

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-03

CR2E034B (12/02)