## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2001 8:00 am Secretary of State DOCUMENT # P93000073791 TRIDENT EQUITIES, INC. 03-20-2001 90027 032 \*\*\*150.00 Principal Place of Business Mailing Address C/O WEIGHT WATCHRS PENTHOUSE TOWERS 3101 S OCEAN BLVD 104 251 US ROUTE 1 **FALMOUTH ME 04105** HIGHLAND BCH FL 33487 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0455006 Not Applicable ---Zip. Country .... \$8:75 Additional Country \_\_\_\_ . . . - - -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUDWICK, PAUL W Street Address (P.O. Box Number is Not Acceptable) **PENTHOUSE TOWERS** 3101 S OCEAN BLVD, APT 104 HIGHLAND BEACH FL 33487 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TIT! F ☐ Delete TITLE LUDWICK, PAUL W NAME STREET ADDRESS C/O WEIGHT WATCHERS, 251 US RT 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FALMOUTH ME TITLE Change Addition ☐ Delete TITLE Ludwick, Walter G. 2561 NE 31 Court LUDWICK, WALTER G NAME NAME PENTHOUSE TOWERS 3101 S OCEAN BLVD 104 STREET ADDRESS STREET ADDRESS Lighthouse Pt., FL 33064 CITY-ST-ZIE HIGHLAND BEACH FL CITY-ST-ZIP- -☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

PAUL LUDWICK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

3/16/2001

207-781-8451 x409

Change

☐ Change

Date Daytime Phone #

CHZE034

☐ Addition

☐ Addition