

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087709

1. Entity Name

TRIO3 INDUSTRIES, INCORPORATED

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90015 028 ***550.00

Principal Place of Business

5501 MCDONNELL DR.
FORT PIERCE FL 34951

Mailing Address

2254 NORTH US HIGHWAY #1
FORT PIERCE FL 34946

2. Principal Place of Business

7304 Citrus Park Blvd

3. Mailing Address

SAME as ABOVE

Suite, Apt. #, etc.

Fort Pierce, FL.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0738806

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSDEN, CLARENCE
5501 MCDONNELL DR.
FORT PIERCE FL 34951

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☒ Delete
NAME D
STREET ADDRESS MARSDEN, CLARENCE
CITY-ST-ZIP 5501 MCDONNELL DR.
FORT PIERCE FL 34951

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Clarence Marsden
CITY-ST-ZIP 7304 Citrus Park Blvd.
St. Pierce, Fl. 34951

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(FAX) 561-467-1986
7/20/00 (561) 467-1406
Daytime Phone #

CR2E034 (5/00)