

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087709

1. Entity Name
TRIO3 INDUSTRIES, INCORPORATED

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90079 048 ***150.00

Principal Place of Business

7304 CITRUS PARK BLVD
FORT PIERCE FL 34951

Mailing Address

7304 CITRUS PARK BLVD
FORT PIERCE FL 34951

2. Principal Place of Business

2254 N US Hwy 1
Suite, Apt. #, etc.

3. Mailing Address

2254 N US Hwy 1
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

4. FEI Number

65-0738806

Applied For

Not Applicable

Zip

34946

Country

St Lucie

Zip

34946

Country

St Lucie

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

Clarence Marsden

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

(NOTE: Registered Agent signature required when reinstating)

2/08/01

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **P MARSDEN, CLARENCE**
STREET ADDRESS **7304 CITRUS PARK BLVD**
CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Clarence Marsden

2/08/01 (561) 467-1406

DATE

Daytime Phone #

CR2E034 (10/00)