

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
 03-07-2001 90616 041 ***158.75

0061609

DOCUMENT # P97000005910

1. Entity Name
TRIAL SYSTEMS, INC.

Principal Place of Business

390 N. ORANGE AVE.
 SUITE 1600
 ORLANDO FL 32801

Mailing Address

390 N. ORANGE AVE.
 SUITE 1600
 ORLANDO FL 32801

2. Principal Place of Business

485 N. Keller Road
 Suite, Apt. #, etc.
401

3. Mailing Address

485 N. Keller Road
 Suite, Apt. #, etc.
Suite 401



DO NOT WRITE IN THIS SPACE

City & State

Maitland, FL

City & State

Maitland, FL

4. FEI Number

59-3417854

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

USA

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CABANISS, RONALD E
390 N. ORANGE AVE
SUITE 1600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Michael J. Wiggins

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

485 N. Keller Road

Suite 401

City

Maitland

FL

Zip Code

32751

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

Michael Wiggins

(NOTE: Registered Agent signature required when reinstating)

3/5/01

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 **P** ☐ Delete
 NAME **CABANISS, RONALD**
 STREET ADDRESS **390 N. ORANGE AVE., SUITE 1600**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **T** ☒ Delete
 NAME **MCDONALD, FRANCIS**
 STREET ADDRESS **390 N. ORANGE AVE.**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **S** ☐ Delete
 NAME **SMITH, LARRY D**
 STREET ADDRESS **390 N. ORANGE AVE.**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **V** ☐ Delete
 NAME **WIGGINS, MICHAEL J**
 STREET ADDRESS **390 N. ORANGE AVE.**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **V** ☐ Delete
 NAME **TOOLE, M. GARY**
 STREET ADDRESS **390 N ORANGE AVE**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☒ ☐ Delete
 NAME **SMITH, JOHN W**
 STREET ADDRESS **485 N. KELLER ROAD, SUITE 401**
 CITY-ST-ZIP **MAITLAND, FL 32751**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **485 N. Keller Road, Suite 401**
 STREET ADDRESS **Maitland, FL 32751**
 CITY-ST-ZIP

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

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Wiggins 3/5/01

Date

407-246-1800

Daytime Phone #

CR2E034 (10/00)