

FILED

Feb 09, 2001 8:00 am
Secretary of State

01-23-2001 90124 007 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013738

1. Entity Name

FLORIDA TRILOGY, INC.

Principal Place of Business

1202 PONSETTA DR.
DELRAY BEACH FL 33444

Mailing Address

1202 PONSETTA DR.
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0742623

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, DENNIS S ESQ
2295 CORPORATE BOULEVARD N.W.
SUITE 120
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name ORME, VERNON J

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

8823 JASPER'S DRIVE
City BOYNTON BEACH FL Zip 33437

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

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LOPEZ, DAVID
STREET ADDRESS 1360 SABAL LAKES ROAD
CITY-ST-ZIP DELRAY BEACH FL 33445 DeleteTITLE STD
NAME ORME, VERNON J
STREET ADDRESS 8823 JASPER'S DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437 DeleteTITLE VPD
NAME WIKLE, KEITH
STREET ADDRESS 7093 CHARLESTON POINT DRIVE
CITY-ST-ZIP LAKE WORTH FL 33467 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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: *Vernon J. Orme*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERNON J. ORME 1-11-01 (561)272-0494

Date

Daytime Phone #