

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90069 032 ***150.00

DOCUMENT # P97000037934

1. Entity Name

TRILEX CORPROATION

Principal Place of Business

**2437 JUNGLE CAMP ROAD
INVERNESS FL 34453**

Mailing Address

**P.O. BOX 2413
INVERNESS FL 34451**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0826938**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PONDER, CHARLES J
THE BOOKEEPER & ASSOC., INC.
3667-B N. FLORIDA AVENUE
HERNANDO FL 34442**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DST						
	LORD, KENNETH						
	2437 JUNGLE CAMP ROAD						
	INVERNESS FL 34453						
	PD						
	LORD, ANTHONY						
	3512 TEEPE LANE						
	HERNANDO FL 34442						
	VP						
	WOODWARD, ESTELLA J						
	2437 JUNGLE CAMP ROAD						
	INVERNESS FL 34453						

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: *Kenneth V Lord* **Kenneth V Lord / Sec**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02

Date

352 212 4990

Daytime Phone #

CR2E034 (10/00)