

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90103 024 \*\*\*150.00

**DOCUMENT # P98000002079**



1. Entity Name  
**MICHAEL A. TRINKLER, P.A.**

Principal Place of Business  
**ONE EXECUTIVE COURT  
2295 CORPORATE BLVD NW SUITE 134  
BOCA RATON FL 33431**

Mailing Address  
**ONE EXECUTIVE COURT  
2295 CORPORATE BLVD NW SUITE 134  
BOCA RATON FL 33431**



2. Principal Place of Business  
**2826 UNIVERSITY DR.**

3. Mailing Address  
**2826 UNIVERSITY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**CORAL SPRINGS, FL**

City & State  
**CORAL SPRINGS, FL**

4. FEI Number **65-0801911**

Applied For  
Not Applicable

Zip  
**33065**

Country  
**USA**

Zip  
**33065**

Country  
**USA**

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

**TRINKLER, MICHAEL A  
ONE EXECUTIVE COURT  
2295 CORPORATE BLVD NW SUITE 134  
BOCA RATON FL 33431**

Name **MICHAEL A. TRINKLER**  
Street Address (P.O. Box Number is Not Acceptable)  
**2826 UNIVERSITY DR.**  
City **CORAL SPRINGS** FL Zip Code **33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**2-1-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Delete  
NAME **TRINKLER, MICHAEL A**  
STREET ADDRESS **2295 CORPORATE BLVD NW SUITE 134**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **PD**  Change  Addition  
NAME **MICHAEL A. TRINKLER**  
STREET ADDRESS **2826 UNIVERSITY DR.**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**2-1-03**

**954-753-5700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)