2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P98000047154** 1. Entity Name TRIDENT, INC. 01-18-2000 90004 036 ***150.00 Principal Place of Business Mailing Address 580 QUEENS MIRROR CIR. 580 QUEENS MIRROR CIR. CASSELBERRY FL 32707 CASSELBERRY FL 32707-4427 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3516638 Not Applicable _Country== \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOMONACO, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 580 QUEENS MIRROR CIR. CASSELBERRY FL 32707 Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00.May.Be~ After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE Delete TITLE LOMONACO, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 580 QUEENS MIRROR CIR. CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS .CITY_ST_ZIP_ CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I hereby certify that the information supplied with this filling 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: ROUNDING OFFICE OR DIRECTOR (17/2000 Lawrence J. Lomona co

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR (1007) 699 - 8977