2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91378 019 ***150.00

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DOCUMENT # P98000059478

1. Entity Name
TRINITY CONCEPTS, INC.

Principal Place of Business	Mailing Address
2001 S BANANA RIVER BLVD. SUITE 316 COCOA BEACH FL 32931	2001 S BANANA RIVER BLVD. SUITE 316 COCOA BEACH FL 32931

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
19429 MINNIE FLORA DR. Suite, Apt. #, etc.	19429 MINNIE FLORA DR. Suite, Apt. #, etc.
City & State: CLERMONT FL	City & State: CLERMONT FL
Zip: 34711 Country: US	Zip: 34711 Country: US

4. FEI Number 59-3532949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, WILLIAM H
2001 S BANANA RIVER BLVD, SUITE 316
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name: GREEN, WILLIAM H.
Street Address (P.O. Box Number is Not Acceptable): 19429 MINNIE FLORA DR.
City: CLERMONT FL Zip Code: 34711

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: _____ WILLIAM H. GREEN 4-24-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, WILLIAM H 2001 S BANANA RIVER BLVD, SUITE 316 COCOA BEACH FL 32931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, WILLIAM H 19429 MINNIE FLORA DR. CLERMONT FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SARRICCHIO, VINCENT S 1022 RED DANDY DRIVE ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SARRICCHIO, VINCENT S 4203 HAMMERSMITH DR. CLERMONT FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTANA, MANUEL 5471 LAKE LECLARE RD LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ WILLIAM H. GREEN 4-24-03 352-536-9871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #