

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90033 035 \*\*\*158.75

**DOCUMENT # P98000077732**

1. Entity Name

TRINITY MANAGEMENT SERVICES, INC.

Principal Place of Business

1606 WEST SILVER SPRINGS BLVD  
 OCALA FL 34474

Mailing Address

P.O. BOX 5934  
 OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

Route 11, Box 621  
 Suite, Apt. #, etc.

Route 11, Box 621  
 Suite, Apt. #, etc.

City & State

Lake City, Florida

City & State

Lake City Florida

Zip

32024

Country

US

Zip

32024

Country

US

4. FEI Number

59-3531653

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PERRY, REGINA R

1606 WEST SILVER SPRINGS BLVD

OCALA FL 34474

7. Name and Address of New Registered Agent

Name

Carl H. Rentz

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

Route 11, Box 621

City

Lake City

FL

Zip Code

32024

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PST  
 NAME PERRY, REGINA R  
 STREET ADDRESS 1606 WEST SILVER SPRINGS BLVD  
 CITY-ST-ZIP OCALA FL 34474 ☒ Delete

TITLE D  
 NAME PERRY, GRANT D  
 STREET ADDRESS 400 AVENUE B NORTHEAST  
 CITY-ST-ZIP WINTER HAVEN FL 33881 ☒ Delete

TITLE VP  
 NAME ALBRITTON, TINA D  
 STREET ADDRESS 1606 WEST SILVER SPRINGS BLVD  
 CITY-ST-ZIP OCALA FL 34474 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
 NAME Carl H. Rentz  
 STREET ADDRESS Route 11, Box 621, Lake City FL  
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

904-382-6085

Daytime Phone #

CR2E034 (9/01)