

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000081729**

1. Entity Name
TRINITY OPTICAL, INC.

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90059 033 ***150.00

Principal Place of Business
**1334 SEVEN SPRINGS BOULEVARD
CHELSEA PLAZA PLAZA
NEW PORT RICHEY FL 34655**

Mailing Address
**1334 SEVEN SPRINGS BOULEVARD
CHELSEA PLAZA PLAZA
NEW PORT RICHEY FL 34655**

2. Principal Place of Business
1334 Seven Springs Blvd

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Port Richey, FL

City & State

4. FBI Number
59-3535528

Applied For
☐ Not Applicable

Zip
34655

Country
PASCO

Zip

Country

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

**GIRARD, TODD M
8921 BEL MEADOW WAY
NEW PORT RICHEY FL 34655**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GIRARD, TODD M
8921 BELMEADOW WAY
NEW PORT RICHEY FL 34655**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LAPORTA, THOMAS
3935 HUNTINGTON ST NE
SAINT PETERSBURG FL 33703**

☐ Delete

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

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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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29 02 722-315-8442
Date Daytime Phone

0641304 AV

CR2E034 (9/01)