

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089528

1. Entity Name

Trinity Contracting + Associates Inc.

Principal Place of Business

955 S.R. 434 W.

Winter Springs, Fla.

32708

Mailing Address

955 S.R. 434 W.

Suite, Apt. #, etc.

City & State

Winter Springs Florida

Zip

32708

Country

Seminole

4. FEI Number

74-2895461

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY -9 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Jeffery Foster

955 S.R. 434 W.

Winter Springs, Florida

32708

7. Name and Address of New Registered Agent

Name Roy Foster

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

955 S.R. 434 West

City

Winter Springs

FL

Zip Code

32708

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

4/27/01

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, 2001 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 President
NAME Jeffery Foster
STREET ADDRESS 955 S.R. 434 W.
CITY-ST-ZIP Winter Springs, Fla 32708

☒ 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

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 Roy Foster
STREET ADDRESS 955 S.R. 434 W.
CITY-ST-ZIP Winter Springs, Fla. 32708

☒ Change

☐ Addition

TITLE Secretary-Treasurer
NAME Debbie Vigue
STREET ADDRESS 955 S.R. 434 W.
CITY-ST-ZIP Winter Sp Fla 32708

☐ Change

☒ Addition

TITLE Vice-President
NAME Debbie Vigue
STREET ADDRESS 955 S.R. 434 W.
CITY-ST-ZIP Winter Springs 7k 32708

☐ 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

Date

Daytime Phone #

4/27/01 407-695-8879

CR2E034 (11/00)