

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094672

1. Entity Name

TRINITY INDUSTRIAL SERVICES, INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90016 041 ***150.00

0137077

Principal Place of Business

Mailing Address

1440 CORAL RIDGE DR.
310
CORAL SPRINGS FL 33071

1440 CORAL RIDGE DR.
310
POMPANO BEACH FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0875889**

Applied For
Not Applicable

Zip

Country

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

CORPORATION SERVICE COMPANY
7707 N UNIVERSITY DRIVE
SUITE 108
TAMARAC FL 33321

Name: **DAMON E. PALMER**
Street Address (P.O. Box Number is Not Acceptable)
1440 CORAL RIDGE DR #310
City **CORAL SPRINGS** FL Zip Code **33071**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/1

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPS**
STREET ADDRESS **PALMER, DAMON E**
CITY-ST-ZIP **7707 N UNIVERSITY DRIVE STE#108 TAMARAC FL 33321**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1440 CORAL RIDGE DR #310**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

4/10/1
Date

954-718-8883
Daytime Phone #

CR2E034 (10/00)