

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100593

1. Entity Name

TRIDENT MEDIA SERVICE, INC.

Principal Place of Business

801 NW 4TH AVE.
BOCA RATON FL 33432

Mailing Address

801 NW 4TH AVE.
BOCA RATON FL 33432-2548

2. Principal Place of Business

5405 NW 102 Ave

3. Mailing Address

5405 NW 102 Ave

Suite, Apt. #, etc.

Suite 239

Suite, Apt. #, etc.

Suite 239

City & State
Sunrise, Florida

City & State
Sunrise, Florida

Zip
33351

Country
Broward

Zip
33351

Country
Broward

6. Name and Address of Current Registered Agent

COOMER, CHARLES E
801 NW 4TH AVE.
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
COOMER, CHARLES E
801 NW 4TH AVE.
BOCA RATON FL 33432 **NOTE CHANGE**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Charles W. Coomer
2918 Tarpon Drive
Miramar, Florida 33023

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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: **CHARLES E. COOMER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 741-6765

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90216 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)