

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039874

1. Entity Name  
TRINACOL, INC.Principal Place of Business  
5718 EAST ADAMO DRIVE  
TAMPA FL 33619

Mailing Address

5718 EAST ADAMO DRIVE  
TAMPA FL 336192. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.4. City & State  
Zip5. City & State  
CountryFILED  
May 19, 2002 8:00 am  
Secretary of State

05-19-2002 90063 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3575964**  
Applied For  
Not Applicable5. Certificate of Status Desired  
 **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

VENNIRO, ROBERT  
5718 EAST ADAMO DRIVE  
TAMPA FL 33619

## 7. Name and Address of New Registered Agent

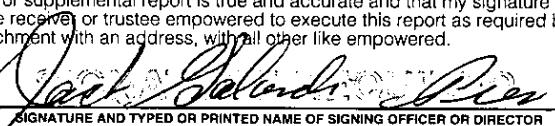
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 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	<b>DPVP GALARDI, JACK 1055 PEACHTREE STREET NORTHEAST ATLANTA GA 30309</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST BYRD, SANDY 5718 EAST ADAMO DRIVE TAMPA FL 33619</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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

3-25-02

Date

Daytime Phone #