

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072123

1. Entity Name

TRINITY THERAPY SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90066 012 ***150.00

Principal Place of Business

7116 GULF BLVD., STE E
ST. PETE BEACH FL 33706

Mailing Address

7116 GULF BLVD., STE E
ST. PETE BEACH FL 33706-1944

2. Principal Place of Business

5508 40th Ave. E.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State

Zip
34208

Country

Zip

Country

4. FEI Number

52-2185135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, TERRANCE P
7116 GULF BLVD., STE E
ST. PETE BEACH FL 33706

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 **D** ☒ Delete
NAME **MCNAMARA, TERRANCE P**
STREET ADDRESS **7116 GULF BLVD., STE E**
CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **D, P, S**
STREET ADDRESS **Bafia, Daniel**
CITY-ST-ZIP **5508 40th Ave. E.
Bradenton, FL 34208**

TITLE ☐ Change ☒ Addition
NAME **V, Tia,**
STREET ADDRESS **Bafia, Kathleen**
CITY-ST-ZIP **5508 40th Ave. E.
Bradenton, FL 34208**

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

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

TITLE ☐ Change ☐ Addition
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, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Bafia, President

Date

Daytime Phone #

4/28/00

941-745-1596

CR2E034 (9/99)