

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90194 031 ***150.00

DOCUMENT # P99000082623

1. Entity Name
TRINVENT, INC.

Principal Place of Business Mailing Address
MARY LAKE CT. **6340 MARY LAKE CT.**
TALLAHASSEE FL 32311 **TALLAHASSEE FL 32311-7795**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **2954 Foxcroft Dr.**
 City & State Suite, Apt. #, etc.
Tallahassee FL City & State
 Zip Country **32308** **Leon**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3604034 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GREEN, WILLIAM
2954 FOXCROFT DR.
TALLAHASSEE FL 32308

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 _____ (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	<input type="checkbox"/> Delete
NAME	CARROLL, TIMOTHY	
STREET ADDRESS	1646 CROWDER RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, STEPHEN	
STREET ADDRESS	6340 MARY LAKE CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, WILLIAM	
STREET ADDRESS	2954 FOXCROFT DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: William C Green Director Date: 4/27/00 Daytime Phone #: (904) 671-0697

CR2E034 (9/99)