

FILED
Jun 29, 2001 8:00 am
Secretary of State

05-17-2001 91295 006 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082623

1. Entity Name

TRINVENT, INC.

Principal Place of Business

6340 MARY LAKE CT.
TALLAHASSEE FL 32311

Mailing Address

2954 FOXCROFT DR
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3604034

Applied For

Not Applicable

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

GREEN, WILLIAM
 2954 FOXCROFT DR.
 TALLAHASSEE FL 32308

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	CARROLL, TIMOTHY	1848 CROWDER RD. TALLAHASSEE FL 32303				
	D	MARSHALL, STEPHEN	6340 MARY LAKE CT. TALLAHASSEE FL 32311				
	D	GREEN, WILLIAM	2954 FOXCROFT DR. TALLAHASSEE FL 32308				
	J. Wiley Horton	522 E. Park Avenue	Tallahassee, FL 32301		Director	J. Wiley Horton	522 E. Park Avenue Tallahassee, FL 32301

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

Date

Daytime Phone #

CR2E034 (10/00)