

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

S 63549

1. Entity Name

TRIDENT VENTURE GROUP, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90018 022 ***150.00

Principal Place of Business

Mailing Address

828929

2. Principal Place of Business

2701 W. BUSCH BLVD.

3. Mailing Address

13014 N. DALE MABRY

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

110

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL.

City & State

TAMPA, FL.

4. FEI Number

65-0269322

Applied For

Not Applicable

Zip

33618

Country

HILLSBOROUGH

Zip

33618-2808

Country

HILLS,

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/TREASURER
NIKI RIOS
13014 N. DALE MABRY #110
TAMPA, FL. 33618-2808

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT/SECRETARY
MICHAEL S. SPEROUNES
13014 N. DALE MABRY #110
TAMPA, FL. 33618-2808

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

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, with all other like empowered.

SIGNATURE:

Niki Rios Niki U. Rios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00 (813) 915-0958
Date Daytime Phone #

CR2E034 (9/99)