

8/8/01-90005-010

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-08-2001 90005 010 ***550.00

DOCUMENT # V05759
 1. Entity Name
TRIDENT SHIPWORKS INCORPORATED

Principal Place of Business Mailing Address
5251 W TYSON AVE 5251 W TYSON AVE
TAMPA FL 33611 TAMPA FL 33611
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3104270	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRANC, BRIAN 5251 W TYSON AVE TAMPA FL 33611		Name JEFFREY M. AGUIAR Street Address (P.O. Box Number is Not Acceptable) 5251 W. TYSON AVE City Tampa FL Zip Code 33611	

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 **JEFFREY M. AGUIAR** DATE **8/1/01**
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent's signature required when registering.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW! FEES \$550.00**
 After September 12, 2001 Fee will be \$750.00
 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	D EGAN, RICHARD J 403 ALEXANDER PALM ROAD BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSTMA, HERBERT F JR 338 COCONUT PALM ROAD BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANC, BRIAN 5251 W TYSON AVE TAMPA FL 33611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: **JEFFREY M. AGUIAR**
Signature, typed or printed name of signing officer or director

7/17/01
Date

(813) 839-5151
Office Phone

CR2034 (5/01)