## 2002 UNIFORM BUSINESS REPORT (UBR)

## V05759 DOCUMENT # 1. Entity Name

TRIDENT SHIPWORKS INCORPORATED

## Sep 15, 2002 8:00 am Secretary of State 09-15-2002 90088 046 \*\*\*550.00

**FILED** 

Mailing Address Principal Place of Business 5251 W TYSON AVE 5251 W TYSON AVE 980555 **TAMPA FL 33611 TAMPA FL 33611** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3104270 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AGUIAR, JEFFREY M. Street Address (P.O. Box Number is Not Acceptable) 5251 W TYSON AVE TAMPA FL 33611 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. I am familiar with, and accept the obligations of regist SIGNATURE red agent and title if applicable. (NOTE: Registered A FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE EGAN, RICHARD J NAME CR2E034 **403 ALEXANDER PALM ROAD** STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME POSTMA, HERBERT F JR 336 COCONUT PALM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE CF<sub>0</sub> TITLE AGUIAR, JEFFREY M NAME NAME STREET ADDRESS 5251 W TYSON AVENUE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33611** ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS 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:

CITY-ST-7IP

ZÓUIRED

9/11/02