

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09596

1. Entity Name

TRIDESSUS, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90077 043 \*\*\*150.00

Principal Place of Business

1689 N HIATUS RD  
P.O. BOX 4152  
TEQUESTA FL 33469-9152  
US

Mailing Address

1689 N HIATUS RD  
P.O. BOX 4152  
TEQUESTA FL 33355-1061  
US

2. Principal Place of Business

P.O. Box 551061

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 551061

Suite, Apt. #, etc.

City & State  
Fort Lauderdale, FL

City & State  
Fort Lauderdale, FL

Zip Country  
33355-1061 USA

Zip Country  
33355-1061 USA

4. FEI Number 65-0307945

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

GROSSE, EDDY  
3501 S.W. 130TH AVE  
MIRAMAR FL 33027

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

Eddy Grosse

4-20-00

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 PSD  
NAME GROSSE, EDDY  
STREET ADDRESS P.O. BOX 4152 N/A.  
CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 551061  
CITY-ST-ZIP Fort Lauderdale, FL 33355-1061

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

954-424-4455

Daytime Phone #

CR2E034 (9/99)