

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90100 016 \*\*\*150.00

DOCUMENT # **F00000001396**



1. Entity Name  
**TRENCH TECH, INC.**

Principal Place of Business  
**16580 - 144TH AVENUE  
SPRING LAKE MI 49456**

Mailing Address  
**PO BOX 257  
SPRING LAKE MI 49456**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>38-3380663</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ALLEN, MICHAEL  
200 CUMBERLAND PARK DRIVE  
ST AUGUSTINE FL 32095**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PCD</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WACHTER, MILFRED</b>		NAME		
STREET ADDRESS	<b>16580 - 144TH AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SPRING LAKE MI</b>		CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> Delete	TITLE	<b>PCD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WACHTER, JAMES</b>		NAME	<b>Wachter, James</b>	
STREET ADDRESS	<b>16580 - 144TH AVE.</b>		STREET ADDRESS	<b>16580 144th Ave.</b>	
CITY-ST-ZIP	<b>SPRING LAKE MI</b>		CITY-ST-ZIP	<b>Spring Lake, MI 49456</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete	TITLE	<b>VSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WACHTER, JOEL</b>		NAME	<b>Wachter, Joel</b>	
STREET ADDRESS	<b>16580 - 144TH AVE.</b>		STREET ADDRESS	<b>16580 144th Ave.</b>	
CITY-ST-ZIP	<b>SPRING LAKE MI</b>		CITY-ST-ZIP	<b>Spring Lake, MI 49456</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joel Wachter* **Wachter** 2/18/03 616-842-8655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)