

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 375684

1. Entity Name

TREND MANUFACTURING OF AMERICA, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90038 033 ***150.00

Principal Place of Business

Mailing Address

% ROBERT B. WHYTE, SR.
925 8TH AVE SOUTH
JAX BEACH FL 32250

5515-3 PHILLIPS HWY
JACKSONVILLE FL 32207-7966
US

2. Principal Place of Business

3. Mailing Address

925 8TH AVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE BEACH FL

4. FEI Number 59-1312488

Applied For

Not Applicable

Zip

Country

Zip
32250

Country
USA

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

MCQUIAG, DAVID H
5515-3 PHILLIPS HWY
JACKSONVILLE FL 33207

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) ☒ XX

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 PST ☐ Delete
NAME WHYTE, ROBERT B SR
STREET ADDRESS 925 8TH AVE SOUTH
CITY-ST-ZIP JAX BEACH, FL 0

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B Whyte, Sr. 4/25/2000 (904) 241-8131

Date

Daytime Phone #

CR2E034 (9/99)