

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90040 019 \*\*\*150.00

**DOCUMENT # 375684**

1. Entity Name

**TREND MANUFACTURING OF AMERICA, INC.**

Principal Place of Business

% ROBERT B. WHYTE, SR.

925 8TH AVE SOUTH

JAX BEACH FL 32250

Mailing Address

925 -8TH AVE SOUTH

JACKSONVILLE BEACH FL 32250

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-1312488**

Applied For

Not Applicable

Zip

Country

Zip

Country

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)**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 **JACKSONVILLE BEACH FL 32250**TITLE ☐ Change ☐ Addition  
NAME  
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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 an authorized representative.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Whyte, Sr.

Date

Daytime Phone #

CR2E034 (9/01)