

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91449 024 \*\*\*150.00

0038049 AV

**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

2. Principal Place of Business

3. Mailing Address

4745 SUTTON PARK COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
SUITE 103

City & State

City & State  
JACKSONVILLE FL

Zip

Country

Zip  
32224

Country  
USA

4. FEI Number

59-1312488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

MCQUAIG, DAVID H.

Street Address (P.O. Box Number is Not Acceptable)

4745 SUTTON PARK COURT, SUITE 103

City JACKSONVILLE

FL

Zip Code  
32224

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME WHYTE, ROBERT B SR  
STREET ADDRESS 925 8TH AVE SOUTH  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT B. WHYTE, SR.

4/21/2003

(904) 2418131

Date

Daytime Phone #

CR2E034 (10/02)