

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90101 017 \*\*\*150.00

DOCUMENT # 445864

1. Entity Name

L AND L TRIM CO., INC.

Principal Place of Business

Mailing Address

P.O. BOX 487  
DEERFIELD BCH FL 33443

P.O. BOX 487  
DEERFIELD BCH FL 33443-0487  
US

607884



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1557504

Applied For  
Not Applied

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

TRAUTMAN, LESLIE  
2321 NE 34 COURT  
P.O. BOX 5134  
LIGHTHOUSE POINT FL 33064

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, 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

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | P                                | <input checked="" type="checkbox"/> Delete |
| NAME           | TRAUTMAN, LESLIE C.              |  |
| STREET ADDRESS | PO BOX 5134                      |  |
| CITY-ST-ZIP    | LIGHTHOUSE POINT FL 33074-5134   |  |
| TITLE          | ST                               | <input type="checkbox"/> Delete            |
| NAME           | TRAUTMAN, NANCY                  |  |
| STREET ADDRESS | PO BOX 5134                      |  |
| CITY-ST-ZIP    | LIGHTHOUSE POINT FL 33074-5134   |  |
| TITLE          | P                                | <input type="checkbox"/> Delete            |
| NAME           | TRAUTMAN, NANCY                  |  |
| STREET ADDRESS | P.O. BOX 5134                    |  |
| CITY-ST-ZIP    | LIGHTHOUSE POINT, FL. 33074-5134 |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |  |
|----------------|--|--|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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 like empowered.

SIGNATURE:

*Nancy L. Trautman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.18.00

954-782-9830

Date

Daytime Phone #

NANCY L. TRAUTMAN