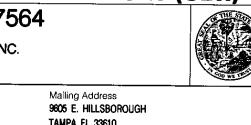
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## 677564 **DOCUMENT #**

1. Entity Name

TRIM LINE OF WEST TAMPA, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90188 039 \*\*\*150.00

						WE TE					
Principal Place of Business 9605 E. HILLSBOROUGH TAMPA FL 33610 US			Mailing Address 9605 E. HILLSBOROUGH TAMPA FL 33610 US								
2. Principal Place of Business				3. Mailing Address				I TOTALLO DILLIY LEBAL INDON' DILLIA DIL			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.		4. FEI Number 59-2124152		applied For lot Applicable	
Zip ———		Country	Zip		Count	try	5.		\$8.75 Ac Fee Requir		
·	6. Name	and Address of Current	Register	ed Agent			7.	Name and Address of New Registered	\gent		
	•					· ·Name				-	
robinson, Christopher e 3941 applegate Cir.						Street Addres	s (P.O. E	Box Number is Not Acceptable)		· · ·	
BRANDON	N FL 33511					0.4			1"-		
١.						City		FL	Zip Co	de	
SIGNATURE	Signature, typed	ered agent. or printed name of registered agent a				Agent signature requi	_	ent, or both, in the State of Florida. I am f	amiliar with	, and accept	
Afte Make Check	r May 1, 200	03 Fee will be \$550.00 Florida Department of						9. Election Campaign Financing Trust Fund Contribution.		<b>00</b> May Be d to Fees	
10.		OFFICERS AND [	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	IS IN 11	
STREET ADDRESS CITY-ST-ZIP	PD ROBINSON 3941 APPL BRANDON	I, CHRITOPHER E EGATE CIR. FL 33511		☐ Delete	NAME STREE CITY-S	T ADDRESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		nv		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	+ · · · · · · · · · · · · · · · · · · ·			Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	- ಆರ್ಡಿ ಭರ		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Delete	NAME STREET CITY-ST	ADDRESS T-ZIP			Change	Addition	
of the corp	poration or the	information supplied with the or supplemental report is the receiver or trustee empowering an address, with an address, with an address, with an address.	ered to e	execute this report as	he exemption of the contract o	ption stated in S re shall have the d by Chapter 60	Section 1 same le 7, Florid	19.07(3)(i), Florida Statutes. I further certifegal effect as if made under oath; that I an a Statutes; and that my name appears in	y that the in an officer Block 10 or	nformation or director Block 11 if	

SIGNATURE: .

ODIRED