

FILED

Jun 08, 2000 8:00 am  
Secretary of State

06-08-2000 90006 003 \*\*\*150.00

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F 5304 3**  
1. Entity Name **TIME N' TRUSTED, INC**

Principal Place of Business Mailing Address  
**15634 Palma Lane  
WELLINGTON, FL 33414**

**00060544**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt #, etc City & State  
City & State  
Zip Country Zip Country

4. FFL Number **59-2499874**  
Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Charles Geraci  
15634 Palma Lane  
Wellington, FL 33414**

7. Name and Address of New Registered Agent  
Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable) **15634 Palma Lane**  
City **Wellington** FL **33414**

8. The above named agent is being designated for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **Charles Geraci** **4-18-00**  
(If Not Registered Agent, this box is not applicable) (If Not Registered Agent, signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so (See criteria on back)

**FILE NOW!!! FEE IS \$100.00**  
**After MAY 1, 2000 Fee will be \$500.00**  
**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	<b>President</b> <input type="checkbox"/> Delete
NAME	<b>Charles Geraci</b>
STREET ADDRESS	<b>15634 Palma Lane</b>
CITY-ST-ZIP	<b>Wellington, FL 33414</b>
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	
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"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied is true and correct and that the person who does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report or supplement 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 person who executed 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 to this report.

SIGNATURE:  **Charles Geraci** **4-18-00** **795-9311**  
NAME OF SIGNING OFFICER OR DIRECTOR DATE