

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006684

1. Entity Name
TRIM COMMUNICATIONS, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90111 027 ***150.00

Principal Place of Business
125 E. DE LA GUERRA, STE 203
SANTA BARBARA CA 93101

Mailing Address
125 E. DE LA GUERRA, STE 203
SANTA BARBARA CA 93101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **77-0458166 77-0458186** Applied For
Not Applicable

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

TCS CORPORATE SERVICES, INC.
1406 HAYS STREET, SUITE #2
TALLAHASSEE FL 32301

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, 2001 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 PD
NAME RICHARDSON, BERNADETTE
STREET ADDRESS 125 EAST DELAGUERRA, STE 201
CITY-ST-ZIP SANTA BARBARA CA 93101 ☒ Delete

TITLE ~~PD~~
NAME ~~RICHARDSON, BERNADETTE~~
STREET ADDRESS ~~125 EAST DELAGUERRA, STE 201~~
CITY-ST-ZIP ~~SANTA BARBARA CA 93101~~ ☒ Change ☐ Addition

TITLE CD
NAME MARSH, JOHN D
STREET ADDRESS 125 E. DELAGUERRA, STE 201
CITY-ST-ZIP SANTA BARBARA CA 93101 ☐ Delete

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

TITLE D
NAME GIBBONS, JOHN M
STREET ADDRESS 125 E DE LA GUERRA, STE 203
CITY-ST-ZIP SANTA BARBARA CA ☐ Delete

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

TITLE CFO
NAME IRELAND, RON
STREET ADDRESS 125 E. DE LA GUERRA, #201
CITY-ST-ZIP SANTA BARBARA CA 93101 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)