

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H25217

1. Entity Name
PLY-TRIM SOUTH, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90004 007 ***150.00

Principal Place of Business

550 N MERIDIAN RD
YOUNGSTOWN OH 44509
US

Mailing Address

940 FRAMINGHAM CT
#202
LAKE MARY FL 32746
US

2. Principal Place of Business

3. Mailing Address

5253 VISTA CLUB RUN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANFORD, FL 32771

Zip

Country

Zip

Country

32771

USA

4. FEI Number

59-2474438

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

HOFFMAN, KATHLEEN A.
~~940 FRAMINGHAM CT~~
~~#202~~
~~LAKE MARY FL 32746~~

HOFFMAN, KATHLEEN A.

Street Address (P.O. Box Number is Not Acceptable)
5253 VISTA CLUB RUN

City SANFORD

FL

Zip Code 32771

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	COB	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, HARRY O.	
STREET ADDRESS	940 FRAMINGHAM CT #202	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, KATHLEEN A.	
STREET ADDRESS	940 FRAMINGHAM CT #202	
CITY-ST-ZIP	LAKE MARY FL 32746	
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	C.O.B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, HARRY O.	
STREET ADDRESS	5253 VISTA CLUB RUN	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, KATHLEEN A.	
STREET ADDRESS	5253 VISTA CLUB RUN	
CITY-ST-ZIP	SANFORD, FL 32771	
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 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

HARRY O. HOFFMAN

3/20/2001

Date

Daytime Phone #

407-330-0437

CR2E034 (10/00)