

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J13176

1. Entity Name

TRALEE SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90173 035 ***150.00

Principal Place of Business

Mailing Address

9210 JENA RD.
SPRINGHILL FL 34608

9210 JENA RD.
SPRINGHILL FL 34608-4768

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

59-2794821

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

GREIG, JAMES J
9210 JENA RD.
SPRING HILL FL 34608

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREIG, JAMES J	NAME	
STREET ADDRESS	9210 JENA RD.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREIG, ROSE M.	NAME	
STREET ADDRESS	9210 JENA RD.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	SECY - TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREIG, JAMES J.	NAME	
STREET ADDRESS	9210 JENA RD	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, JENNIFER	NAME	
STREET ADDRESS	4545 COLLINS AVE	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, CATHERINE	NAME	
STREET ADDRESS	16 HATERAS AVE	STREET ADDRESS	3428 Preakness Place
CITY-ST-ZIP	MARSHALLBERG NC 285532	CITY-ST-ZIP	NEW BRUN, NC 28562
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

James J. Greig 4/27/00 352-666-8379

Date

Daytime Phone #

CR2E034 (9/99)