

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90133 033 ***158.75

DOCUMENT # J17444

1. Entity Name
TRUST HOUSE, INC.



Principal Place of Business

~~2425 E COMMERCIAL BLVD~~
~~STE 301~~
~~FT. LAUDERDALE FL 33308~~
US

Mailing Address

~~2425 E COMMERCIAL BLVD~~
~~STE 301~~
~~FT. LAUDERDALE FL 33308~~
US

2. Principal Place of Business

4901 NORTH FEDERAL Hwy.
Suite Apt. #, etc.
300

3. Mailing Address

4901 NORTH FEDERAL Hwy.
Suite Apt. #, etc.
300

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-0001341

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEST, RAY B.

~~2425 E COMMERCIAL BLVD~~

~~STE 301~~

~~FT. LAUDERDALE FL 33308~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4901 NORTH FEDERAL Hwy.

STE. 300

City

Ft. Lauderdale

FL

Zip Code

33308

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Ray B. West, President (RAY B. WEST, President)

2/18/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **WEST, RAY B.**
STREET ADDRESS ~~2425 E COMMERCIAL BLVD #301~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL~~

TITLE **VP** ☐ Delete
NAME **WEST, ROBERT E**
STREET ADDRESS ~~2425 E COMMERCIAL BLVD, STE 301~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33308~~

TITLE **VP** ☐ Delete
NAME **DEAN, JAMES D**
STREET ADDRESS ~~2425 E COMMERCIAL BLVD, STE 301~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL 33308~~

TITLE **VP** ☐ Delete
NAME **ARENA, PATRICIA M**
STREET ADDRESS ~~2425 E COMMERCIAL BLVD # 301~~
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33308~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4901 NORTH FEDERAL Hwy. # 300**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4901 NORTH FEDERAL Hwy. # 300**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4901 NORTH FEDERAL Hwy. # 300**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4901 NORTH FEDERAL Hwy. # 300**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **AL OTERO**
CITY-ST-ZIP **4901 NORTH FEDERAL Hwy. # 300**
Ft. Lauderdale, FL 33308

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **SCOTT VERRIER**
CITY-ST-ZIP **4901 NORTH FEDERAL Hwy. # 300**
Ft. Lauderdale, FL 33308

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ray B. West, President (RAY B. WEST, President)

2/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954
351-2088

CR2E034 (10/02)