

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90222 041 \*\*\*158.75

**DOCUMENT # J34630**

1. Entity Name

**TRIMTIME CARPENTRY, INC.**

Principal Place of Business

Mailing Address

BOX 51018  
 FT MYERS FL 33994-1018

BOX 51018  
 FT MYERS FL 33994-1018

2. Principal Place of Business

**820 N.E. 24TH LN.**

3. Mailing Address

**820 N.E. 24TH LN.**

Suite, Apt. #, etc.

**SUITE 102**

Suite, Apt. #, etc.

**SUITE 102**

City & State

**CAPE CORAL FL.**

City & State

**CAPE CORAL FL.**

Zip

**33909**

Country

**USA**

Zip

**33909**

Country

**USA**

4. FEI Number

**59-2722565**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**OBERSKI, HAZEL**  
**17601 NALLE ROAD**  
**NORTH FORT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name

**RONALD S. OBERSKI**

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

**17461 NALLE RD.**

City

**NORTH FORT MYERS**

FL

Zip Code

**33917**

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 **RONALD S. OBERSKI PTD**

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

**Ronald S. Oberski PTD**

(NOTE: Registered Agent signature required when reinstating)

**1-22-01**

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

TITLE **PTD** ☒ Delete  
 NAME **OBERSKI, RONALD S.**  
 STREET ADDRESS **17601 NALLE ROAD**  
 CITY-ST-ZIP **N. FORT MYERS FL**

TITLE **VSD** ☒ Delete  
 NAME **OBERSKI, HAZEL**  
 STREET ADDRESS **17601 NALLE ROAD**  
 CITY-ST-ZIP **N. FORT MYERS FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition  
 NAME **OBERSKI RONALD S.**  
 STREET ADDRESS **17461 NALLE RD.**  
 CITY-ST-ZIP **N. Ft. MYERS FL 33917**

TITLE **VSD** ☒ Change ☐ Addition  
 NAME **OBERSKI HAZEL**  
 STREET ADDRESS **17461 NALLE RD.**  
 CITY-ST-ZIP **N. Ft. MYERS FL. 33917**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **Ronald S. Oberski PTD** **RONALD S. OBERSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/01**

Date

**1-941-822-5044**

Daytime Phone #

CR2E034 (10/00)