

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90038 016 ***158.75

DOCUMENT # J34630

1. Entity Name
TRIMTIME CARPENTRY, INC.

Principal Place of Business

~~820 NE 24TH LN~~
~~SUITE 102~~
~~CAPE CORAL FL 33909~~

Mailing Address

~~820 NE 24TH LN~~
~~SUITE 102~~
~~CAPE CORAL FL 33909~~

429335



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17461 NALLE RD.

3. Mailing Address

PO BOX 4457

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. MYERS, FL.

FT. MYERS, FL.

City & State

City & State

4. FEI Number

59-2722565

Applied For

Not Applicable

Zip

33917

Country

LEE

Zip

33918

Country

LEE

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OBERSKI, RONALD

17461 NALLE RD

NORTH FORT MYERS FL 33917

7. Name and Address of New Registered Agent

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 OBERSKI, RONALD S
 17461 NALLE RD
 FORT MYERS FL 33917 ☐ Delete

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

TITLE
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 CITY-ST-ZIP
 VSD
 OBERSKI, HAZEL
 17461 NALLE RD
 FORT MYERS FL 33917 ☐ Delete

TITLE
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☐ Change ☐ Addition

CR2E034 (9/01)

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD S. OBERSKI

941-731-2429

Date 1-22-02 Daytime Phone #