

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90072 042 ***150.00

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DOCUMENT # K08973

1. Entity Name
ANDREW ALFONSO TRIM CARPENTER, INC.



Principal Place of Business
**C/O ANDREW ALFONSO
3914 APPLGATE CIRCLE
BRANDON FL 33511**

Mailing Address
**C/O ANDREW ALFONSO
3914 APPLGATE CIRCLE
BRANDON FL 33511**



2. Principal Place of Business

3914 Applegate Cir
Suite, Apt. #, etc.

3. Mailing Address

3914 Applegate Cir
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

BRANDON FLA.

City & State

BRANDON FLA.

4. FEI Number

59-2859856

Applied For

Not Applicable

Zip

33511

Country

Hillsborough

Zip

33511

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALFONSO, ANDREW
3914 APPLGATE CIRCLE
BRANDON FL 33511**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete
NAME **ALFONSO, ANDREW**
STREET ADDRESS **3914 APPLGATE CIRCLE**
CITY-ST-ZIP **BRANDON FL**

TITLE **S** ☐ Delete
NAME **ALFONSO, BRENDA**
STREET ADDRESS **3914 APPLGATE CIRCLE**
CITY-ST-ZIP **BRANDON FL**

TITLE **VP** ☒ Delete
NAME **KNOX, BOBBY**
STREET ADDRESS **315 EAST BOUGANVILLE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

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

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:

SIGNATURE RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)