

FILED

03 JUL 28 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K08973					
1. Entity Name ANDREW ALFONSO TRIM CARPENTER, INC.					
Principal Place of Business C/O ANDREW ALFONSO 3914 APPELGATE CIRCLE BRANDON, FL 33511			Mailing Address C/O ANDREW ALFONSO 3914 APPELGATE CIRCLE BRANDON, FL 33511		
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 59-2859856			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		
ALFONSO, ANDREW 3914 APPELGATE CIRCLE BRANDON, FL 33511			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 <i>Andrew Alfonso</i> 7-23-02 (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$650.00 Amended UBR is \$81.25 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	ALFONSO, ANDREW		NAME	DEN LONGORIA	
STREET ADDRESS	3914 APPELGATE CIRCLE		STREET ADDRESS	1603 W CHARLES AVE	
CITY-ST-ZIP	BRANDON, FL		CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALFONSO, BRENDA		NAME		
STREET ADDRESS	3914 APPELGATE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Andrew Alfonso</i> 7-23-03 813 5465167 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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