

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K59406

1. Entity Name

PALM BEACH TRIM INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90041 049 ***150.00

Principal Place of Business

Mailing Address

O BOX 131
LAKE WORTH FL 33460

C/O CHRIS STEVENS
105 18TH AVENUE NORTH
LAKE WORTH FL 33460-6603

2. Principal Place of Business

3. Mailing Address

118 770 BIVOLIE HWY
Suite, Apt. #, etc. 5

000 BOX 131
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State LAKE WORTH, FL 65-0094869 Applied For
Not Applicable

Zip 33460 County PALM BEACH Zip 33460 County PALM BEACH 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

STEVENS, CHRIS
105 18TH AVENUE NORTH
LAKE WORTH FL 33460

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, 2000 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 D ☐ Delete
NAME STEVENS, CHRIS
STREET ADDRESS 105 18TH AVE NO.
CITY-ST-ZIP LAKE WORTH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)