

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L04140**

1. Entity Name

~~TRIMBLE CONTRACTING, INC.~~

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91601 006 ***550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4974 NW FOXWORTH AVE

3. Mailing Address

4974 NW FOXWORTH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT SAINT LUCIE, FL

City & State

PORT SAINT LUCIE, FL

Zip

34983

Country

US

Zip

34983

Country

US

4. FEI Number

65-0136179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **KRAMER, SCOTT**

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

6650 W. INDIANTOWN RD

City

JUPITER

FL

Zip Code

33458

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME **D TRIMBLE, PHILIP R.**
STREET ADDRESS **4974 NW FOXWORTH AVE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34983**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02 **561-878-9800**

Date

Daytime Phone #