2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # L098 's of trenton, inc.	809		Secretary of State 02-17-2002 90091 041 ***150.00	
Principal Plac	ce of Business	Mailing Address			
P O BOX 370 TRENTON FL 32693		P O BOX 370 TRENTON FL 32693			
2. Principal Place of Business		3. Mailing Address		T TRESONNE BY OR THE TRUCK FORM DRIVE OF MENTON BY STATE BY	inni
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0136803 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	, abio
	6. Name and Address of Curre	l ent Registered Agent		7. Name and Address of New Registered Agent	\equiv
TRENTON	I INSERH H		Name		
TRENTON, JOSEPH H. ~- P O BOX 370 HIGHWAY 26			Street Addres	ss (P.O. Box Number is Not Accēptāblē)	
TRENTON	I FL FL 32693		0"		
			City	FL Zip Code	
	oration is eligible to satisfy its Intangorequirement and elects to do so. ria on back)	After May 1, 200	! FEE IS \$150.00 2 Fee will be \$550.00 le to Department of S	1 HUSEFURG CONTROLLION L. Annea in Fee:	
11.	1	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Barron, Mary J. P O Box 370 N/A Trenton Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT BARRON, JOSEPH H. P O BOX 370 N/A TRENTON FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, JOSEPH H. P O BOX 370 N/A TRENTON FL	□ Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado	dition
13. I hereby of indicated of the corrections of the	certify that the information supplied v on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres	with this filing does not qualify for it is true and accurate and that m inpowered to execute this report a s, with all other like empowered.	the exemption stated in y signature shall have th is required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or direction, Florida Statutes; and that my name appears is Block 11 or Block	on tor 3'42

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-31-02

Dav

Daytime Phone #