

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90068 028 ***150.00

03574:3 AV

DOCUMENT # L28118

1. Entity Name

TREZISE DESIGN ASSOCIATES, INC.

Principal Place of Business

~~1750 N. FLORIDA MANGO RD., SUITE 401~~
W PALM BEACH FL 33409

Mailing Address

~~1750 N. FLORIDA MANGO RD., SUITE 401~~
W PALM BEACH FL 33409

80091060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1717 N. FLAGLER DRIVE
 Suite, Apt. #, etc.
SUITE 11

3. Mailing Address

1717 N. FLAGLER DRIVE
 Suite, Apt. #, etc.
SUITE 11

City & State

W. PALM BEACH

City & State

W. PALM BEACH

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

33407

Country

PALM BEACH

Zip

33407

Country

PALM BEACH

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TREZISE, LYNN F.

~~1750 N. FLORIDA MANGO RD. #401~~
W PALM BEACH FL 33409

Name

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

1717 N. FLAGLER DRIVE
SUITE 11

City

WEST PALM BEACH

FL

Zip Code

33407

7. Name and Address of New Registered Agent

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.

LYNN F. TREZISE

(NOTE: Registered Agent Signature required when reinstating)

3-1-02

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, 2002 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

TITLE	DS	<input type="checkbox"/> Delete
NAME	TREZISE, STEVEN A.	
STREET ADDRESS	1750 N. FLORIDA MANGO RD.	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TREZISE, LYNN F.	
STREET ADDRESS	1750 N. FLORIDA MANGO RD.	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1717 N. FLAGLER DRIVE, SUITE 11
CITY-ST-ZIP	W. PALM BEACH, FL 33407
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1717 N. FLAGLER DRIVE, SUITE 11
CITY-ST-ZIP	W. PALM BEACH, FL 33407
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

LYNN F. TREZISE

3-1-02

561-687-4707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)