

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90123 046 ***150.00

DOCUMENT # L90443
 1. Entity Name
TREVOR-MARTIN CORPORATION

Principal Place of Business 4151 112TH TERRACE NORTH CLEARWATER FL 33762 US	Mailing Address 4151 112TH TERRACE NORTH CLEARWATER FL 33762-4937 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3026647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FORD, EDWIN I.
2319 WEST BAY DRIVE
LARGO FL 34640

7. Name and Address of New Registered Agent
 Name **LOVELACE, WILLIAM K.**
 Street Address (P.O. Box Number is Not Acceptable)
401 S. LINCOLN AVE
 City **CLEARWATER** **FL** Zip Code **33756**

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 *William K. Lovelace* DATE 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BORZONI, JOHN T 3042 BRANCH DRIVE CLEARWATER FL 33762	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BORZONI, SHELIA A 6262 142ND AVE. N. CLEARWATER FL 33760	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORZONI, ELIZABETH H 3042 BRANCH DRIVE CLEARWATER FL 33760	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORZONI, GLADYS W 100 BLUFFVIEW DRIVE BELLEAIR BLUFFS FL 33770	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, RICHARD P 1984 ORANGE COURT PALM HARBOR FL 34683	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BORZONI, SHELIA A. 9101 JAKE'S PATH LARGO FL 33771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *John T. Borzoni* **JOHN T. BORZONI, PRESIDENT** Date 4/10/00 Daytime Phone # 727 5731470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR