

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90055 035 \*\*\*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  
 US

80047966



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3026647**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOVELACE, WILLIAM K  
 401 S LINCOLN AVE  
 CLEARWATER FL 33756

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, 2001 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 P/D  Delete  
 NAME BORZONI, JOHN T  
 STREET ADDRESS 3042 BRANCH DRIVE  
 CITY-ST-ZIP CLEARWATER FL 33762

TITLE D  Change  Addition  
 NAME MARY K. GALLAGHER  
 STREET ADDRESS 672 POINSETTIA RD  
 CITY-ST-ZIP BELLEAIR FL 33756

TITLE VSD  Delete  
 NAME BORZONI, SHELIA A  
 STREET ADDRESS 9101 JAKES PATH  
 CITY-ST-ZIP LARGO FL 33771

TITLE D  Change  Addition  
 NAME DR. WILLIAM W. ATKINSON  
 STREET ADDRESS 100 KLOSTERMAN RD.  
 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE T  Delete  
 NAME BORZONI, ELIZABETH H  
 STREET ADDRESS 3042 BRANCH DRIVE  
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE D  Change  Addition  
 NAME RALPH F. HILLIARD  
 STREET ADDRESS 8550 LAURELDALE DR  
 CITY-ST-ZIP LAUREL MD 20724

TITLE D  Delete  
 NAME BORZONI, GLADYS W  
 STREET ADDRESS 100 BLUFFVIEW DRIVE  
 CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE D  Change  Addition  
 NAME CAROLE J. WILLIAMSON  
 STREET ADDRESS 1984 ORANGE CT.  
 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D  Delete  
 NAME WILLIAMSON, RICHARD P  
 STREET ADDRESS 1984 ORANGE COURT  
 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VD  Change  Addition  
 NAME RICHARD P. WILLIAMSON  
 STREET ADDRESS 1984 ORANGE CT.  
 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VSD  Change  Addition  
 NAME SHEILA A. BORZONI  
 STREET ADDRESS 9101 JAKES PATH  
 CITY-ST-ZIP LARGO FL 33771

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, President*; **JOHN T. BORZONI** 727 573 1490  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 4/20/01

CR2E034 (10/00)