

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90489 009 ***150.00

CR2E034 (9/01)

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3026647

Applied For

Not Applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **P/D**
 STREET ADDRESS **BORZONI, JOHN T**
 CITY-ST-ZIP **9066 CYPRESS TRAIL
 LARGO FL 33777**

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **BORZONI, ELIZABETH H**
 CITY-ST-ZIP **9066 CYPRESS TRAIL
 LARGO FL 33777**

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Hilliard, Ralph**
 CITY-ST-ZIP **8550 Laurel Dale Dr.
 Laurel, MD 20724**

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Williamson, Carole J**
 CITY-ST-ZIP **1984 Orange Ct
 Palm Harbor, FL 34683**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GALLAGHER, MARY K**
 CITY-ST-ZIP **672 POINSETTIA RD
 BELLE AIR MS 38756**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Atkinson, William W**
 CITY-ST-ZIP **100 Klasterman Rd
 Palm Harbor, FL 34683**

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** **4/1/02** **727 573 1490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #