## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # M58942**

1. Entity Name

TRIM MASTER INSTALLATIONS, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90982 010 \*\*\*150.00

| Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City &                             |   |                     |                      |                 |                     |               | SE WE     | -             |   |                                       |               |               |
|---|---|---------------------|----------------------|-----------------|---------------------|---------------|-----------|---------------|---|---------------------------------------|---------------|---------------|
| Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   4. FEI Number 65-0005092   Applied For Not Applied For Regular                             | 5400 SW 1091<br>FT LAUDERDA                     | TH AVE              | s                    | 5400 :<br>FT LA | SW 109TH AVE        | 8             |           |               |   |                                       |               |               |
| City & State  City & State Desired  Service Address of Current Registered Agent  City & State Address of Number is Not Acceptable  To Name and Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FILE NOW!! FEL IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee wil | 2. Principal Place of Business                  |                     |                      |                 | 3. Mailing Address  |               |           |               | 1 108)00() 187 41/81 18116 20()) 01/41( | i fi <b>e</b> i didii <b>a</b> a<br>; | {             | I#  0(8)   01 |
| Description   Service                                 | Suite, Apt. #, etc.                             |                     |                      |                 | Suite, Apt. #, etc. |               |           |               | CHECK HERE IF MAKING CHANGES            |                                       |               |               |
| S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name Name Name Name Name Name Name Nam  | City & Star                                     | te                  |                      | City            | City & State        |               |           | 4.            | FEI Number <b>65-0005092</b>            | :                                     |               | ·             |
| PISTONE, JOHN C. 5400 SW 109TH AVE FT LAUDERDALE FL 33328  City FL Zp 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After Aloness City St. 29  The Make STREET ALONESS | Zip . Country                                   |                     |                      | Zip             | Zip Country         |               |           | 5.            | Certificate of Status Desired           |                                       |               |               |
| PISTONE, JOHN C. 5400 SW 109TH AVE FT LAUDERDALE FL 33328  City  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PISTONE, JOHN C. SMET ADDRESS  FT LAUDERDALE FL 33328  TITLE  TITLE  WD  BRESIAUER, MIKE  BRESIAUER, MIKE  BRESIAUER, MIKE  BRESIAUER, MIKE  BRESIAUER, MIKE  BRESIAUER, MIKE  SIRET ADDRESS  GIT'S 51-2P  TITLE  Delete  INVE  BRESIAUER, MIKE  SIRET ADDRESS  GIT'S 51-2P  TITLE  Delete  INVE  BRESIAUER, MIKE  SIRET ADDRESS  GIT'S 51-2P  TITLE  Delete  INVE  BRESIAUER, MIKE  SIRET ADDRESS  GIT'S 51-2P  TITLE  Delete  INVE  SIRET ADDRESS  GIT'S 51-2P  TITLE  Delete  INVE  SIRET ADDRESS  GIT'S 51-2P  TITLE  Delete  NAME  SIRET ADDRESS  GIT'S 51-2P  TITLE  DELET  NAME  SIRET ADDRESS  GIT'S 51-2P  TITLE  DELET  NAME  SIRET ADDRESS  GIT'S 51-2P  TITLE  DELET  Change  Addition  Change  Change  Change  Change  Change  Change  Change  Chan                          | 6. Name and Address of Current Registered Agent |                     |                      |                 |                     |               |           | 7,            | Name and Address of New Re              | gistered /                            | Agent         |               |
| SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  TITLE  PSO  PISTONE, JOHN AC  PISTONE,                           |   |                     |                      |                 |                     |               | Name      |               | <del></del>                             | <del></del>                           | <u> </u>      |               |
| ETILE NOWILI FEE IS \$150.00 Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  PSD  PSD  PSD  PSD  PSD  PSD  PSD  P  | -   |                     |                      |                 |                     |               |           | fress (P.O. E | Box Number is Not Acceptable)           | ;                                     |               |               |
| S. 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, I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Someware, typed or private name of registered agent and siles if applicable.   (NOTE Registered Agent segmenter required when relinations)   CATE   |   |                     | 33328                |                 |                     |               |           |               |   |                                       |               |               |
| the obligations of registered agent.    Signatural   Signatural hybrid rained rained registered agent and take if applicable.   (NOTE: Registered Agent signature required when reinhalisting).   OATE  |   |                     |                      |                 |                     |               |           |               |   | FL                                    | Zip Code      | е             |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.   | the obliga                                      | tions of regis      | ered agent.          | ` '             |                     |               |           |               |   | ;<br>1                                | amiliai with, | and accept    |
| PSD   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   TI                            | Afte  | r May 1, 20         | 03 Fee will be \$550 | .00             |                     |               |           |               | , ,                                     |                                       |               |               |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE VD BRESILAUER, MIKE 1720 SW 120TH TERR DAVIE FL 33325  CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDR                            | 10.   |                     | OFFICERS A           | AND DIRECTO     | RS                  | 11.           |           | ΑC            | DDITIONS/CHANGES TO OFFI                | CERS AND                              | DIRECTORS     | 3 IN 11       |
| BRESLAUER, MIKE 1720 SW 120TH TERR DAVIE FL 33325  CITY-ST-ZIP  DAVIE FL 33325  CITY-ST-ZIP  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Change Addition A                            | NAME<br>STREET ADDRESS                          | PISTONE,<br>5400 SW | 109TH AVE            | ,               | ☐ Delete            | NAME<br>STREE | T ADDRESS |               |   |                                       | ☐ Change      | ☐ Addition    |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS   | NAME<br>STREET ADDRESS                          | BRESLAU<br>1720 SW  | 120TH TERR           |                 | ☐ Delete            | NAME<br>STREE | T ADDRESS |               |   | 1                                     | Change        | ☐ Addition    |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS   | NAME<br>Street address                          |                     |                      |                 | Delete              | NAME<br>STREE | T ADDRESS |               |   | !                                     | _ Change      | Addition      |
| NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE NAME STREET ADDRESS CITY-ST-ZIP CHANGE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS   | NAME<br>STREET ADDRESS                          |                     |                      |                 | ☐ Delete            | NAME<br>STREE | T ADDRESS |               |   |                                       | ☐ Change      | Addition      |
| NAME STREET ADDRESS  NAME STREET ADDRESS  | NAME<br>STREET ADDRESS                          |                     |                      |                 | □ Delete            | NAME<br>STREE | T ADDRESS |               |   |                                       | ☐ Change      | ☐ Addition    |
|   | NAME<br>Street address                          |                     |                      |                 | ☐ Delete            | NAME<br>STREE | T ADDRESS | ,             |   | ,<br>,<br>,                           | Change        | Addition      |

12. 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 rivistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with at address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/3/30/03

9544102127

Daytime Phone #