


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90328 002 \*\*\*150.00

DOCUMENT # P00000008164  
1. Entity Name  
**Trump Investments, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**424 Morning glory L.N.**  
Suite, Apt. #, etc.

3. Mailing Address  
**424 MORNING glory Lane N.**  
Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

Zip  
**32259**

Country  
**USA**

Zip  
**32259**

Country  
**USA**

4. FEI Number  
**59-3630290**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Timothy V. Forsberg Sr**

Street Address (P.O. Box Number is Not Acceptable)  
**424 MORNING glory Lane N.**

City  
**Jacksonville**

FL Zip Code  
**32259**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Timothy V Forsberg Sr 424 Morning glory Lane N Jacksonville FL 32259</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-president Deborah A. Forsberg 424 Morning glory Lane N. Jacksonville, FL 32259</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Timothy V Forsberg** (Signature and typed or printed name of signing officer or director)

Date: **4/12/04** Daytime Phone #: **904-655-1496**

CR2E034B (12/02)