

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90096 039 ***150.00

DOCUMENT # P00000043905

1. Entity Name
TRIMZ SALON, INC.

Principal Place of Business

719 N COURTENAY PKYW
MERRITT ISLAND FL 32953

Mailing Address

218 PARNELL ST
MERRITT ISLAND FL 32953

2. Principal Place of Business

719 N Courtenay PkYw
Suite, Apt. #, etc.

3. Mailing Address

719 N Courtenay PkYw
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Merritt Island FL

City & State
Merritt Island FL

4. FEI Number **59-3489790**

Applied For
Not Applicable

Zip
32953

Country
USA

Zip
32953

Country
USA

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

6. Name and Address of Current Registered Agent

WEEDMAN, MICHAEL
719 N COURTENAY PKWY
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

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

Michael Weedman
Michael WEEDMAN
(NOTE: Registered Agent signature required when reinstating)

1/9/02
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

TITLE **D** ☐ **Delete**
NAME **SOSA, RICK**
STREET ADDRESS **746 S. ORLANDO AVENUE**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Weedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/02

Daytime Phone #

821 449-0717

CR2E034 (9/01)