## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000045868 TREND NAIL & HAND CORPORATION 04-24-2001 90236 042 \*\*\*150.00 Principal Place of Business Mailing Address 9091 130TH AVENUE NORTH 9091-190TH AVENUE NORTH SUITE 710 SUITE 710 LARGO FL 33773 LARGO FL 33773 2. Principal Place of Business 906 130 th 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROTONENTIS, KENNETH G ESQ. Street Address (P.O. Box Number is Not Acceptable) 777-S. HARBOUR ISLAND BLVD: 1591 Gulf Blvd TAMPA FL 33602 5789 Penthouse 2 Clearwater FL 33767 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Addition NAME HOUTS, RICHARD W NAME 9061 130th Ave N. #712 STREET ADDRESS 9091 130TH AVENUE NORTH-SUITE 710-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 D ☐ Delete ☐ Change Addition TITLE TITLE NAME HOUTS, JOHN S NAME 130th Ave N. #712 9061 9001-130TH AVENUE NORTH SUITE 710-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE LARGO FL 33773 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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TITLE

NAME

☐ Delete

CIONATURE.

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-0

727 5842108

Change

☐ Addition

Daytime Phone