2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000045868 1. Entity Name TREND NAIL & HAND CORPORATION						FILED 03 APR 28 AM 9: 44				Ą
Principal Place of Business Mailing Address										
	AVENUE NORTH	Mailing Address 9061 130TH AVENUE NORTH SUITE 712 LARGO FL 33773				SECRETARY TALLAHASSEE	FLORIDA			
Principal Place of Business Ave. N. 3. Mailing Address 2nd A					N.	E EGOREGATA SIN COLUN DONIN DONIN DO		IT OTION LOTE	1	
<u>Suite</u>	- 301B	Suite 801B				☐ CHECK HERE IF MAKING CHANGES				
Large Large	0 FL	City State F	L			FEI Number 59-3643708		<u> </u>	pplied For ot Applicable	}
3377	3 Country A	33773	Count	"USi	A 5.	Certificate of Status Desired		3.75 Ad e Require		
	6. Name and Address of Current F	legistered Agent		Name		Name and Address of New R	egistered Ag	ent]
protonentis, kennéth g esq.					Street Address (P.O. Box Number is Not Acceptable)					
1591 GULF BLVD. PENTHOUSE 2					Silect Address (1.0. Box Namber is Not Acceptable)					
CLEARWATER FL 33767								Zip Cod	le .	┤
•	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	City ed office or	registered a	gent, or both, in the State of Flo	FL rida. I am fan	·		
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	d Agent signat.	ure required when	reinstating)	DATE	.—_		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State	<u> </u>			Election Campaign Fin Trust Fund Contribution			00 May Be	
10.	OFFICERS AND D	DIRECTORS	11.			DDITIONS/CHANGES TO OFF			~ · · · · · · · · · · · · · · · · · · ·	<u>ا</u> ۾
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUTS, RICHARD W 9031 9061-130711 AVENUE NORTH #7 LARGO FL 33773	132nd Ave No.	STREE	1	Direct Susa 9031 Largo	~ 11 _ _] Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Houts, John S 9016 130th Avenue North # 7 Largo FL 33773	Delete		1	7	9000184 05/07/0301114-	_	Change 9	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete] Change	Addition:	~
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NTLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete		í] Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		□ Delete] Change	☐ Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that me vered to execute this report a	ny signati	ure shall ha	ave the same	legal effect as if made under o	ath; that I am	an officer	or director	

SIGNATURE: _____

4-16-03 727 586 7670
Date Daytime Phone #