

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91347 045 ***150.00

DOCUMENT # P00000071801

1. Entity Name
TRENCHRAT.COM, INC.

Principal Place of Business
**49 BISHOPSCOURT RD
 OSPREY FL 34229**

Mailing Address
**49 BISHOPSCOURT RD
 OSPREY FL 34229**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
TRENCHRAT.COM INC

3. Mailing Address
TRENCHRAT.COM INC

Suite, Apt. #, etc.
1633 BIRCHWOOD ST

Suite, Apt. #, etc.
P.O. BOX 405

City & State
SARASOTA FL

City & State
OSPREY FL

4. FEI Number
59-3662515

Applied For
 Not Applicable

Zip
34231

Country
US

Zip
34229

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAILEY, ROBIN
 49 BISHOPSCOURT RD
 OSPREY FL 34229**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robin G Bailey - **ROBIN G BAILEY President** Date: 2/20/01 Daytime Phone #: 941 966 7450

CR2E034 (10/00)