

2001 UNIFORM BUSINESS REPORT (UBR)

7/

FILED
Sep 06, 2001 8:00 am
Secretary of State

07-20-2001 90002 040 ***550.00

DOCUMENT # P00000095383

1. Entity Name

TREWIN CONSTRUCTION SERVICES, INC.

Principal Place of Business

2001 SE ESTERBROOK ST.
 PORT ST. LUCIE FL 34983

Mailing Address

2001 SE ESTERBROOK ST.
 PORT ST. LUCIE FL 34983

2. Principal Place of Business

3225 COLUMBRINA CIR

Suite, Apt. #, etc.

N/A

3. Mailing Address

3225 COLUMBRINA CIRCLE

Suite, Apt. #, etc.

N/A

City & State

PORT ST. LUCIE, FL

Zip

34952

Country

USA

City & State

PORT ST. LUCIE, FL

Zip

34952

Country

USA

4. FEI Number

EIN# 59-3682867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TREWIN, DAVID

2001 SE ESTERBROOK ST. 3225 COLUMBRINA CIRCLE
 PORT ST. LUCIE FL 34983
 34952

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

David Trewin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-20-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **DAVID TREWIN**
 CITY-ST-ZIP **3225 COLUMBRINA CIRCLE**
PORT ST LUCIE, FL 34952

TITLE ☐ Delete
 NAME **VICE PRESIDENT**
 STREET ADDRESS **JOAN A TREWIN**
 CITY-ST-ZIP **3225 COLUMBRINA CIRCLE**
PORT ST LUCIE, FL 34952

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 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: *David Trewin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W TREWIN

7-13-01 561-349-2524

Date

Daytime Phone #

CR2E034 (5/01)