

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109318

1. Entity Name

TRAILMATE INVESTMENT GROUP, INC.

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90069 016 ***150.00

0514380 AV

Principal Place of Business

2239 HARBOURSIDE DR
LONGBOAT KEY FL

Mailing Address

2239 HARBOURSIDE DR
LONGBOAT KEY FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1060894

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONE, DAVID D
1952 FIELD RD
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name **ELIOT CHARNAS**
Street Address (P.O. Box Number is Not Acceptable)
2239 Harbourside Dr
City **Longboat Key** FL Zip Code **34626**

I, the above named entity, submit 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)

1/7/02
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CHARNAS, ELIOT**
STREET ADDRESS **2239 HARBOURSIDE DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

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

TITLE **D** ☐ Delete
NAME **MARCOS, MARTIN**
STREET ADDRESS **2239 HARBOURSIDE DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

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

TITLE **D** ☐ Delete
NAME **CHARNAS, MICHAEL**
STREET ADDRESS **2239 HARBOURSIDE DR**
CITY-ST-ZIP **LONGBOAT KEY FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 941.387.4343
Date Daytime Phone #

CR2E034 (9/01)