

3/28/01

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 12, 2001 8:00 am  
Secretary of State**

03-28-2001 90206 028 \*\*\*150.00

**DOCUMENT # P00000111050**

1. Entity Name

**TRIMSKI CORPORATION**

Principal Place of Business

Mailing Address

390 N ORANGE AVE, SUITE 2200  
ORLANDO FL 32801390 N ORANGE AVE, SUITE 2200  
ORLANDO FL 32801

2. Principal Place of Business

**2540 LONGPINE LN**

3. Mailing Address

**2540 LONGPINE LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**ST CLOUD, FL**

City &amp; State

**ST CLOUD FL**

4. FEI Number

**59-3688514**

Applied For

Not Applicable

Zip

**34772**

Country

**USA**

Zip

**34772**

Country

**USA**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

**TAYLOR, ALAN B****390 N ORANGE AVE, SUITE 2200  
ORLANDO FL 32801**

Name

**PAUL F. TREPKOWSKI**

Street Address (P.O. Box Number is Not Acceptable)

**2540 LONGPINE LN**City **ST CLOUD****FL**Zip Code  
**34772**

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 **PAUL F. TREPKOWSKI**

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

(NOTE: Registered Agents signature required when reinstating)

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, 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
<b>PRESIDENT</b>	<b>PAUL F. TREPKOWSKI</b>	<b>2540 LONGPINE LN</b>	<b>ST. CLOUD, FL 34772</b>	<input type="checkbox"/>
<b>SECRETARY/TREASURER</b>	<b>LEONARD C. TREPKOWSKI</b>	<b>2540 LONGPINE LN</b>	<b>ST CLOUD, FL 34772</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: **PAUL F. TREPKOWSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-25-01 (407)957-3944**

Date

Daytime Phone #

CFR2034 (10/00)