## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000056733 **DOCUMENT #**

1. Entity Name

TRENEL BUILDERS, INC.



**FILED** Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90022 007 \*\*\*150.00

Principal Place of Business  Mailing Address  P.O. BOX 812007  BOCA RATON FL 33487  BOCA RATON FL 33481-2007		11111111			<b>i.</b> 11. <b>11.</b> 111. 1 <b>1.</b>		
2. Principal Place of Business /235 S Panish River Rd. 3. Mailing Address							
Suite, Apt. #, etc.			[	☐ CHECK HERE IF MAKING CHANGES			
BOCQ Raton, FL	& State Raton, FL City & State		4. FEI Number 65-111729		$\rightarrow$	Applied For Not Applicable	-
33432 Country . S .	Zip	Country	5. Certificate of	of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Curre	ent Registered Agent		7. Name and	Address of New Regi	stered Agent		]
		Name					
GILLESPIE, R. BOWEN III	Street A	Street Address (P.O. Box Number is Not Acceptable)					
C/O GILLESPIE & ALLISON, P.A.		Olloot 1	daroso (1.0. Box Harrison				
1515 SOUTH FEDERAL HWY STE 300							
BOCA RATON FL 33432	City			FL Zip Ci	ode	1	
SIGNATURE  Signature, typed or printed name of registered ag  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payathe to Florida Department	00 t of State		Trus	ction Campaign Financest Fund Contribution.	☐ Add	.00 May Be led to Fees	
Th.	ND DIRECTORS	11.	ADDITIONS/0	CHANGES TO OFFICE			1 2
NAME STREET ADDRESS CITY-ST-ZIP  D HENNIGAR, WILLIAM G III 3723 MYKONOS COURT BOCA RATON FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hennigar, 1 1235 SPat BOCQ Ra	william G nish Rive Hon, FL 3	, 111 c ed 3432	e	E034 (10/
TITLE D NAME BIORDI, NELLO STREET ADDRESS CITY-ST-ZIP DOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition	CR2
NAME BIORDI, CHRISTINE M STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432	□ Delete	TITLE - SAME  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	e 🗀 Addition	-
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Changi	e 🔲 Addition	
ITTLE VAME	☐ Delete	TITLE NAME			Change	e 🗌 Addition	

12. 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NAME

☐ Delete

Change

Addition