

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-13-2002 90121 022 ***150.00

DOCUMENT # P01000070069

1. Entity Name
TRIM-CO, INC. OF SOUTH FLORIDA

Principal Place of Business
**1826 SE VESTHAVEN CT
 PORT ST LUCIE FL 34952**

Mailing Address
**1826 SE VESTHAVEN CT
 PORT ST LUCIE FL 34952**

2. Principal Place of Business
1290 SW BILTMORE ST.
 Suite, Apt. #, etc.
Suite A

3. Mailing Address
1826 SE VESTHAVEN CT.
 Suite, Apt. #, etc.

City & State
Port St. Lucie, FL
 Zip
34982
 Country
USA

City & State
Port St. Lucie, FL
 Zip
34952
 Country
USA

4. FEI Number
65-1117767

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURT, BRAD
1826 SE VESTHAVEN CT
PORT ST LUCIE FL 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 **BRAD BURT**

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

(NOTE: Registered Agent 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, 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

TITLE
PSTD
 NAME
BURT, BRAD
 STREET ADDRESS
1826 SE VESTHAVEN CT
 CITY-ST-ZIP
PORT ST LUCIE FL 34952

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/02 **337-9461**

CR2E034 (9/01)