

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90012 004 \*\*\*150.00

**DOCUMENT # P01000083414**

**1. Entity Name**  
**MARION NEIL & GEORGE TRIMM, INC.**

**Principal Place of Business**

**9734 US HWY. 19**  
**PORT. RICHEY, FL 34668**

**Mailing Address**

**9734 US HWY. 19**  
**PORT RICHEY FL 34668**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3756110**

Applied For

Not Applicable

**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**

**NEIL, MARION M**  
**9734 US HWY. 19**  
**PORT RICHEY FL 34668**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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 \$550.00**  
**After September 13, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **CD** ☐ Delete  
**NAME** **NEIL, MARION**  
**STREET ADDRESS** **5155 IMPERIAL DR.**  
**CITY-ST-ZIP** **NEW PORT RICHEY FL 34652**

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

**TITLE** **PD** ☐ Delete  
**NAME** **TRIMM, GEORGE R**  
**STREET ADDRESS** **5111 PLEASANT PL.**  
**CITY-ST-ZIP** **NEW PORT RICHEY FL 34652**

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

**TITLE** **SD** ☐ Delete  
**NAME** **SMITH, JANE**  
**STREET ADDRESS** **58 SEAWANHAKA AVE.**  
**CITY-ST-ZIP** **NESCONSET NY 11767**

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

**TITLE** **TD** ☐ Delete  
**NAME** **SMITH, RICHARD**  
**STREET ADDRESS** **7251 ROYAL PALM DR.**  
**CITY-ST-ZIP** **NEW PORT RICHEY FL 34652**

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

**TITLE** **TD** ☐ Delete  
**NAME** **NEIL, DARRYL**  
**STREET ADDRESS** **P. O. BOX 34**  
**CITY-ST-ZIP** **OZONA FL 34660**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/5-02**

Date

Daytime Phone #

**(727)848-3717**

CR2E034 (4/02)

Attachment  
"TRIMM NO SHIN"  
KARATE  
Marion Neil & George Trimm, Inc.  
Martial Arts Education  
Marion Neil - Chairman  
George R. Trimm - President  
AND KOBUDO SYSTEM

871497

Marion Neil and George Trimm, Inc.  
9743 US HIGHWAY 19  
PORT RICHEY, FLORIDA 34668  
DIVISION OF CORPORATION  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500  
DIVISION OF CORPORATION  
MARION NEIL AND GEORGE TRIMM, INC.

Dear DIVISION OF CORPORATION

RE: DOC NUMBER PO1000083414

Please be advised this is the first notice we received concerning the cooperation. We are

submitting the original 2002 Uniform Business Report (UBR) pertaining to Document Number

PO1000083841.

Sincerely yours,

George R. Trimm  
President

