

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90185 031 \*\*\*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  
**9743 US Hwy. 19**  
Suite, Apt. #, etc.

3. Mailing Address  
**9743 US Hwy. 19**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Port Richey, FL**  
Zip  
**34668**

City & State  
**Port Richey, FL**  
Zip  
**34668**

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**  
**9743 U.S. Hwy. 19**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 empowered 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.

SIGNATURE: **Marion M. Neil**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7-03** **(727) 848-3717**  
Date Daytime Phone #

CR2E034 (10/02)