

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90060 002 ***150.00

DOCUMENT # P02000019391

1. Entity Name

GARY ROBINSON TRIM CARPENTRY, INC.



Principal Place of Business

**2920 CLARK ROAD #202
SARASOTA FL 34231**

Mailing Address

**2920 CLARK ROAD #202
SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

5900 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE I

City & State

City & State

SARASOTA FL

Zip

Country

USA

Zip

34231

Country

USA

4. FEI Number

02-0572368

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, GARY
2920 CLARK ROAD #202
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

CATHERINE L. TRACY

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

5900 S. TAMiami TRAIL - SUITE I

City

SARASOTA

FL

34231

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

Catherine L. Tracy

1-8-03

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

**D/P/ST
ROBINSON, GARY
2920 CLARK ROAD #202
SARASOTA FL 34231**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 94-927-3420

Date

Daytime Phone #

CR2E034 (10/02)