



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

DOCUMENT # P02000020024 1. Entity Name TRUNK 'N TREASURES, INC.		
Principal Place of Business 3471 WOOLBRIGHT ROAD BOYNTON BEACH, FL 33436		Mailing Address 3471 WOOLBRIGHT ROAD BOYNTON BEACH, FL 33436
2. Principal Place of Business 814 LANTANA Rd. Suite, Apt. #, etc.	3. Mailing Address 814 LANTANA Rd. Suite, Apt. #, etc.	11038593  <input type="checkbox"/> CHECK HERE IF MAKING CHANGES
City & State LANTANA, FL	City & State LANTANA, FL	
Zip 33462	Country	
4. FEI Number 04-3612002	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GRABINSKI, JEANNIE 3471 WOOLBRIGHT ROAD BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 814 LANTANA Rd. City LANTANA FL Zip Code 33462
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: <u>Jeannie M. Grabinski</u> <u>April 20, 2003</u> <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when returning) DATE</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES. JEANNIE GRABINSKI 814 LANTANA Rd. LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jeannie M. Grabinski</u> <u>April 20, 2003</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY</small>		

CH2E034 (10/02)