

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90101 015 ***150.00

DOCUMENT # P02000026433

1. Entity Name
TRYING TIMES, INC.



Principal Place of Business
1069 N. COLLIER BLVD.
MARCO ISLAND FL 34145

Mailing Address
1069 N. COLLIER BLVD.
MARCO ISLAND FL 34145

2. Principal Place of Business

1089 N. Collier Blvd.
Suite, Apt. #, etc.
#421

3. Mailing Address

1089 N. Collier Blvd.
Suite, Apt. #, etc.
#421

City & State

marco island, FL

City & State

marco island, FL

Zip

34145

Country

Collier

Zip

34145

Country

Collier

4. FEI Number

30-0052300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.

4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103

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

SIGNATURE **John M. Abrahamson**
Signature, typed or printed name of registered agent and title if applicable.

John M. Abrahamson
President

(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

TITLE **President** ☐ Delete

NAME **John M. Abrahamson**
STREET ADDRESS **90 South Seas Ct.**
CITY-ST-ZIP **marco island, FL 34145**

TITLE **Secretary** ☐ Delete

NAME **Charry Youman**
STREET ADDRESS **90 South Seas Ct.**
CITY-ST-ZIP **marco Florida, 34145**

TITLE **Treasurer** ☐ Delete

NAME **John M. Abrahamson**
STREET ADDRESS **90 South Seas Ct**
CITY-ST-ZIP **marco island, FL 34145**

TITLE **Director** ☐ Delete

NAME **John M. Abrahamson**
STREET ADDRESS **90 South Seas Ct**
CITY-ST-ZIP **marco island, FL 34145**

TITLE ☐ Delete

NAME ☐ Delete

NAME ☐ Delete

NAME ☐ Delete

NAME ☐ Delete

NAME ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/02)

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: **John M. Abrahamson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Abrahamson
President

2396426700

Date

Daytime Phone #