

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000030610

1. Entity Name
TRISHA'S, INC.



FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90082 034 ***150.00

0022664 AV

Principal Place of Business
~~729 POST STREET~~
JACKSONVILLE FL 32204

Mailing Address
~~729 POST STREET~~
JACKSONVILLE FL 32204

2. Principal Place of Business
751 OAK STREET

3. Mailing Address
751 OAK STREET

Suite, Apt. #, etc.
SUITE 600

Suite, Apt. #, etc.
SUITE 600

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

27-0005067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, LYNNE' B
~~729 POST STREET~~
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

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

751 OAK STREET, SUITE 600

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

TITLE ~~D~~ ☐ Delete
NAME HARRIS, LYNNE' B
STREET ADDRESS ~~729 POST STREET~~
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ~~D~~ ☐ Delete
NAME CABLE, PATRICIA M
STREET ADDRESS 2218 BANCHORY ROAD
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~D/P~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS 751 OAK STREET, SUITE 600
CITY-ST-ZIP

TITLE ~~D/S/T~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

5/22/03

Date

904-354-3335

Daytime Phone #

CR2E034 (10/02)