

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90126 035 ***150.00

DOCUMENT # P02000067593

1. Entity Name
G & C TRIM AND FRAME CO.



Principal Place of Business
**22326 SE 41ST LANE
HAWTHORNE FL 32640**

Mailing Address
**22326 SE 41ST LANE
HAWTHORNE FL 32640**

2. Principal Place of Business

22326 SE 41 LN
Suite, Apt. #, etc.

3. Mailing Address

22326 SE 41 LN
Suite, Apt. #, etc.

City & State
Hawthorne, FL

City & State
Hawthorne, FL

4. FEI Number
03-0413378

Applied For
Not Applicable

Zip
32640 Country
USA

Zip
32640 Country
USA

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

**GRIMES, DAREN K
22326 SE 41ST LANE
HAWTHORNE FL 32640**

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 *x Daren Grimes* **DAREN GRIMES Pres.**

4/25/03

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 **PD** ☐ Delete
NAME **GRIMES, DAREN K**
STREET ADDRESS **22326 SE 41ST LANE**
CITY-ST-ZIP **HAWTHORNE FL 32640**

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

TITLE **TD** ☐ Delete
NAME **GRIMES, JENNIFER B**
STREET ADDRESS **22326 SE 41ST LANE**
CITY-ST-ZIP **HAWTHORNE FL 32640**

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

TITLE **VD** ☐ Delete
NAME **CROFOOT, GEORGE W IV**
STREET ADDRESS **218 ORANGE LANE**
CITY-ST-ZIP **HAWTHORNE FL 32640**

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

TITLE **SD** ☐ Delete
NAME **CREWS, ROBERTA J**
STREET ADDRESS **218 ORANGE LANE**
CITY-ST-ZIP **HAWTHORNE FL 32640**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *x Daren Grimes* **DAREN GRIMES Pres.**

4/25/03 **352-481-3981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)