FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2005 8:00 am
Secretary of State
05-25-2005 90001 009 ***150.00

DOCUMENT# 000600262159

1. Entity Name
G+H TRIM INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 513 S. BROOKS AVE	Suite, Apt. #, etc.: DELAND FL.
City & State: DELAND FL.	City & State:
Zip: 32720 Country: VOLUSIA	Zip: 32720 Country: VOLUSIA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-0403403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gene Lowe
Street Address (P.O. Box Number is Not Acceptable): 513 S. BROOKS AVE
City: DELAND FL. **FL** Zip Code: 32720

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	GENE LOWE	NAME	
STREET ADDRESS	513 S. BROOKS AVE	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL	CITY-ST-ZIP	
TITLE	HAMILTON E LOWE III VP	TITLE	
NAME		NAME	
STREET ADDRESS	101 STETSON AVE.	STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gene Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #