

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008223

1. Entity Name

TREND MANUFACTURING CORP.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90139 014 \*\*\*150.00

Principal Place of Business

Mailing Address

13071 91ST ST N  
#704 B  
LARGO FL 33773  
US

P.O. BOX 787  
LARGO FL 33779-0787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3164502**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOUTS, RICHARD  
203 HARBOR BLUFF DRIVE  
LARGO FL 33770

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.

SIGNATURE *Richard Houts*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-29-00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P</b> HOUTS, RICHARD 203 HARBOR BLUFF DRIVE LARGO FL 33770	<input type="checkbox"/>	 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
<b>VP</b> HOUTS, JOHN 101 CRESTWOOD LANE LARGO FL 33770	<input type="checkbox"/>	 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-29-00**

Date

Daytime Phone #

CR2E034 (9/99)