

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008223

1. Entity Name

TREND MANUFACTURING CORP.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90236 041 ***150.00

Principal Place of Business

Mailing Address

~~13071 91ST ST N~~

~~P.O. BOX 707~~

~~#701 B~~

~~LARGO FL 34640~~

LARGO FL 33773

US

2. Principal Place of Business

3. Mailing Address

9061 130th Ave N.

9061 130th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

712

712

City & State

City & State

Largo FL

Largo FL

Zip

Country

33773

US

33773

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3164502

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE P ☐ Delete
NAME HOUTS, RICHARD
STREET ADDRESS 203 HARBOR BLUFF DRIVE
CITY-ST-ZIP LARGO FL 33770

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

TITLE VP ☐ Delete
NAME HOUTS, JOHN
STREET ADDRESS 101 CRESTWOOD LANE
CITY-ST-ZIP LARGO FL 33770

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

4-17-01 7275842108

CR2E034 (10/00)