## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P9300031691 TIM'S TRIM & DESIGN, INC. 04-23-2001 90049 001 \*\*\*150.00 Principal Place of Business Mailing Address 15117 LANCER ROAD 15117 LANCER ROAD SPRING HILL FL 34610 SPRING HILL FL 34610 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3181298 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7: Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name LOWE, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 15117 LANCER ROAD SPRING HILL FL 34610 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PTD Change ☐ Delete TITI F TITLE LOWE, TIMOTHY NAME NAME STREET ADDRESS STREET ADDRESS 15117 LANCER ROAD CITY-ST-ZIP CITY-ST-7IP SPRING HILL FL 34610 **VSD** Change Addition TITLE ☐ Detete TITLE LOWE, LAURA NAME NAME STREET ADDRESS 15117 LANCER ROAD STREET ADDRESS CITY ST ZIP CITY-ST-ZIP SPRING HILL FL 34610 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

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