

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90017 021 ***150.00

DOCUMENT # P93000038262
 1. Entity Name
G.L.S. TRIM, Inc.

Principal Place of Business Mailing Address
2130 HOPKINS STREET
ORANGE PARK, FL 32073

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 59-3185313 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Gregory L. Sims
2130 HOPKINS STREET
ORANGE PARK, FL
32073

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE <u>P</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <input type="checkbox"/> Delete <u>GREGORY L. SIMS</u> <u>2130. HOPKINS ST.</u> <u>ORANGE PARK, FL 32073</u>
TITLE <u>T</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>SCOTT DEVINE</u> <input type="checkbox"/> Delete <u>TREASURER</u> <u>2130 HOPKINS STREET</u> <u>ORANGE PARK FL 32073</u>
TITLE <u>VP</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <input type="checkbox"/> Delete <u>ROBERT HOLISTINE</u> <u>ORANGE PARK, FL 32073</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] Date 5/17/00 Daytime Phone # (904) 264-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)