

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080965

1. Entity Name
TRIMBLE MARR ENTERPRISES, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90054 015 ***150.00

Principal Place of Business
2477 NARCOOSSEE ROAD
ST CLOUD FL

Mailing Address
2477 NARCOOSSEE ROAD
ST CLOUD FL 34771-8754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3210789

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

TRIMBLE, JACK B
5376 MAJESTIC ISLAND CIR.
ST. CLOUD FL 34771

Name JACK B. TRIMBLE
Street Address (P.O. Box Number is Not Acceptable)
2475 NARCOOSSEE RD
City ST. CLOUD FL Zip Code 34771

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TRIMBLE, JACK	
STREET ADDRESS	5376 MAJESTIC ISLAND CIR	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRIMBLE, DEBORAH M	
STREET ADDRESS	5376 MAJESTIC ISLAND CIR	
CITY-ST-ZIP	ST CLOUD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK B. TRIMBLE	
STREET ADDRESS	2475 NARCOOSSEE RD	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNDA C. BLANCHARD	
STREET ADDRESS	5101 APPALACHIAN ST	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this form 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

1-19-00 (407-898-9155)
Date Daytime Phone #

CR2E034 (9/99)