

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA4000037291**

1. Entity Name

TRELLA ENTERPRISES, INC.

FILED

00 DEC -8 AM 9:51

Principal Place of Business

Mailing Address

**3126 PINE SHADOW DR.
LAND O' LAKES, FLA 34639**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

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

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, 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 ☐ Delete
NAME **President**
STREET ADDRESS **Glenn Trella**
CITY-ST-ZIP **3126 Pine Shadow Dr.
Land O' Lakes, FL 34639**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **600003505736--7**
CITY-ST-ZIP **-12/19/00--01053--004**

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

TITLE ☐ Change ☐ Addition
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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

10-30-00

Date

(513) 996-7756

Daytime Phone #

CR2E034 (9/99)

P94000637291

207

TRELLA ENTERPRISES INC.

COMMERCIAL & RESIDENTIAL
DESIGNS

RE: FIE # 59-3247289

10/12/00

To Whom it may concern,

Recently I received a notice that my corporation had been dissolved due to not payment of my annual corporation fee. Whether this form was lost in the mail or was an oversight by my bookkeeper, I do not know. So at this point I am respectfully asking for a one time waiver based on my payment history in the past being on time. I am just a small time business and could use a break regarding this matter. Enclosed is a check for the \$150 and I hope this will suffice in rectifying this matter. If there are any questions please contact me ASAP.

Thank You Very Much
Allen Trella