

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 SEP - 9 PM 4:01

DOCUMENT # **P94000045933**

1. Entity Name
TREPANIER ENTERPRISES, INC.

Principal Place of Business
**5645 WEST LAKE MARY BLVD.
LAKE MARY FL 32746**

Mailing Address
**5645 WEST LAKE MARY BLVD.
LAKE MARY FL 32746**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3256361**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEFKOWITZ, IVAN M
430 NO. MILLS AVENUE
ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD TREPANIER, LEO C 5645 W. LAKE MARY BLVD. LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	700007808367-5 -09/17/02--01065--020 ****150.00 ****150.00	<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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leo C. Trepanier* **SIGNATURE REQUIRED**

9/4/02

9/19/02
aw

CR2E034 (4/02)

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TREPANIER ENTERPRISES, INC. 5645 W LAKE MARY BLVD. – LAKE MARY, FL 32746
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September 4, 2002

Division of Corporations –
Reinstatement Division
Attn: Andy Dunlap
P O Box 6327
Tallahassee, FL 32314

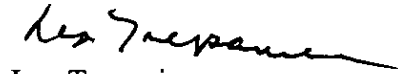
RE: Trepanier Enterprises, Inc.

Dear Mr. Dunlap:

I am writing to state that I just received my company's, Trepanier Enterprises, Inc., renewal Uniform Business Report for 2002. I have been out of the office for an extended illness in which I was hospitalized. The person I entrusted to help handle the paper work during my infirmity did not keep track of all my papers and the first notice either did not get delivered or was lost. I have just received the second notice and am enclosing it with this letter. Please find enclosed the Uniform Business Report for 2002 and a check for \$150.00 to take care of this matter.

Thank you for your help in resolving this matter.

Very Truly Yours,
Trepanier Enterprises, Inc.



Leo Trepanier,
President