

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P940000046742**
 1. Entity Name

R B TRIM, INC

FILED
 01 AUG 22 AM 10:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1344 RANCHETTE RD
WEST PALM BCH FL 33415

2. Principal Place of Business 3. Mailing Address
1344 RANCHETTE RD **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number
WEST PALM BCH FL **FL** **05-0497900**
 Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33415 **PALM BEACH** **FL** **05-0497900** Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
RICK BRONDOLINO
1344 RANCHETTE RD
WPB FL 33415
 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 **N/A** 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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001: 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P Richard Brondolino 1344 RANCHETTE RD WEST PALM BCH FL 33415	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400004560434-- -08/28/01--01082--015 ****300.00 ****300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: **Rick Brondolino** **8/16/01** **561-601-8818**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)