

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072475

Entity Name
TRUSS PLUS, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90112 007 ***150.00

Principal Place of Business
201 S.W. PAGODA TERRACE
PORT ST. LUCIE FL 34984

Mailing Address
201 S.W. PAGODA TERRACE
PORT ST. LUCIE FL 34984



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
7808 Saddlebrook Dr.
Suite, Apt. #, etc.

3. Mailing Address
7808 Saddlebrook Dr.
Suite, Apt. #, etc.

City & State
Port St Lucie, FL

City & State
Port St Lucie, FL

4. FEI Number
65-0524744

Applied For
Not Applicable

Zip
34986

Country
USA

Zip
34986

Country
USA

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

6. Name and Address of Current Registered Agent

SMALL, NANCY P
201 S.W. PAGODA TERRACE
PORT ST. LUCIE FL 34984

New address

7. Name and Address of New Registered Agent

Name
Small, Nancy P
Street Address (P.O. Box Number is Not Acceptable)
7808 Saddlebrook Dr
Port St Lucie
City
FL
Zip Code
34984

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
Nancy P. Small

2-7-02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SMALL, NANCY P	
STREET ADDRESS	201 S.W. PAGODA TERR.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 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:

Nancy P. Small
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02
Date

561-595-5162
Daytime Phone #

CR2E034 (9/01)