

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90036 014 ***150.00

DOCUMENT # P95000040583

1. Entity Name
TRENTCO, INC.

Principal Place of Business

**305-A N. HWY 27
CLERMONT FL 34711**

Mailing Address

**305-A N. HWY 27
CLERMONT FL 34711**

2. Principal Place of Business

**28114 County Road 561
Suite, Apt. #, etc.**

3. Mailing Address

**28114 County Road 561
Suite, Apt. #, etc.**

City & State
Astatula FL

Zip
34705

Country
USA

City & State
Tawana FL

Zip
32778

Country
USA

4. FEI Number **NOT APPLICABLE**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BROCKIE, SCOTT
305-A N. HWY 27
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **Lawrence B. Steinberg**
Street Address (P.O. Box Number is Not Acceptable)
Adorno & Zeder
700 South Federal Highway Suite 200
City **Boca Raton** FL Zip Code **33432**

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  **LAWRENCE B. STEINBERG**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/08/02
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, 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** ☐ Delete
NAME **BROCKIE, SCOTT**
STREET ADDRESS **305-A N. HWY 27**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **SECRETARY** ☐ Delete
NAME **SCOTT, BROCKIE**
STREET ADDRESS **305-A N. HWY 27**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
CITY-ST-ZIP

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:  **SCOTT, BROCKIE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-08-02 **352-742-0902**
Date Daytime Phone #

CR2E034 (9/01)