## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

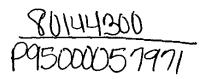
SIGNATURE:

## Sep 05, 2003 8:00 am Secretary of State 09-05-2003 90109 001 \*\*\*150.00 P95000057971 DOCUMENT # 1. Entity Name TREMONT CONTRACT, INC. 80144300 Principal Place of Business Mailing Address 217 N WILLOW AVE P O BOX 25826 TAMPA FL 33822-5826 TAMPA FL 33806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3367515 Not Applicable 2ip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLYNN, RW Street Address (P.O. Box Number is Not Acceptable) 217 N WILLOW AVE TAMPA FL 33606 City 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 3.00 1.00 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable in (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 CR2E034 (10/02) TITLE Octate TOTALE Change ☐ Addition FLYNN, RW NAME NAME 217 N WILLOW AVE STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Unereby 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 of thus the impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment recorred

**FILED** 

Daytime Phone #

## Attachmen't



. 9-1-2003

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302

RE: P95000057971

This copy of document and payment check was returned to us on 8-31-2003 - The Annual Report and the Payment Check was return due to check completion error - This check was deposited on April 28 -2003 (See back of check) - Will you please accept this report and check as filed - error on check was not clear - and received return on 8-31-2003 prevented return to your office by date requested.

Thank you:

R.W. Flynn

Tremont Contract P.O. Box 25826

Tampa, Fla. 22622