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

## **DOCUMENT #**

P95000060508

TRULLINGER ASSOCIATES, INC.



## **FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90850 040 \*\*\*150.00

| 6115 10TH A  |   | Mailing Address<br>6115 10TH AVE NW<br>NAPLES FL 34119 |                               |  | 10011001   112 10101 01111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00111 00 | Kana <b>adala</b> t dalah dalah kolik k <del>a</del> da |  |
|--|---|--|-------------------------------|--|---|---|--|
| 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 13-3845891   | Applied For Not Applicable                              |  |
| Zip  | Country   | Zip  | Country                       | 5.   |   | 88.75 Additional  |  |
|  | 6. Name and Address of Curre  | ent Registered Agent                                   |                               | 7.   | Name and Address of New Registered Ag   | ·   |  |
| TRULLINGER, JAMES W  |   |  | Name                          |  |   |   |  |
| 6115 10TH AVENUE NW  |   |  | Street Ad                     | Street Address (P.O. Box Number is Not Acceptable) |   |   |  |
|  | FL 34119  |  |                               |  |   |   |  |
|  |   |  | City                          | <b>FL</b> 1 210 0000                               |   |   |  |
| 8. The above the obligat   | e named entity submits this statement<br>tions of registered agent. | t for the purpose of changing its r                    | egistered office or           | registered ag                                      | gent, or both, in the State of Florida. I am far  | miliar with, and accept                                 |  |
| CIONATURE  |   |  |                               |  |   |   |  |
| SIGNATURE  | Signature, typed or printed name of registered ag-                  | ent and title if applicable. (NOTE:                    | Registered Agent signatur     | a required when a                                  | 2 instation   |   |  |
| ·  |   |  | Tragistorou rigorii aigiratui | e required when is                                 | einstating) DATE  |   |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State |   |  |                               |  | .9. Election Campaign Financing-  | \$5.00 May Be<br>Added to Fees                          |  |
| 10.  | OFFICERS AN   | ID DIRECTORS   | 11.                           | AC   | DITIONS/CHANGES TO OFFICERS AND D   | DIRECTORS IN 11   |  |
| TITLE  | P   | ☐ Delete   | TITLE                         |  |   | Change Addition 8                                       |  |
| NAME   | TRULLINGER, JAMES W   |  | NAME                          |  | _   |   |  |
| STREET ADDRESS   | 6115 10TH AVE NW<br>NAPLES FL 34119                                 |  | STREET ADDRESS                |  |   | 13  |  |
| CITY-ST-ZIP  | INAPLES PL SHIIS  |  | CITY-ST-ZIP                   |  |   | 9   |  |
| TITLE  | <del></del>   | ☐ Delete   | TITLE                         |  |   | Change  |  |
| NAME   |   |  | NAME                          |  | _   | _ Sugge ( Addition                                      |  |
| STREET ADDRESS   |   |  | CTOCCT ADDOCCO                |  |   | ļ   |  |

TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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