

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069809

1. Entity Name
NAMTRIG INCORPORATED

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90003 005 ***150.00

Principal Place of Business

8600 VENEZIA DR
APT 2227
ORLANDO FL 32810
US

Mailing Address

P.O. BOX 160757
ALTAMONTE SPRINGS FL 32716-0757
US

00031696



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8600 Venezia Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 2217

City & State

Orlando, FL

City & State

4. FEI Number 59-3340557

Applied For

Not Applicable

Zip 32810

Country US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIRTMAN, JAMES M.
860 VENEZIA DR
AOT 2227
ORLANDO FL 32810

Name

Girtman James M

Street Address (P.O. Box Number is Not Acceptable)

8600 Venezia Dr. # 2217

City

Orlando

FL

Zip Code 32810

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	GIRTMAN, JAMES M	
STREET ADDRESS	8600 VENEZIA DR, APT 2227	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRTMAN, JAMES	
STREET ADDRESS	8600 Venezia Dr., Apt 2217	
CITY-ST-ZIP	Orlando, FL 32810	
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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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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28 00

Date

407 838-2055

Daytime Phone #

CR2E034 (9/99)