

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91540 042 ***150.00

DOCUMENT # P95000069809

1. Entity Name
NAMTRIG INCORPORATED

Principal Place of Business

8600 VENEZIA DR
APT 2217
ORLANDO FL 32810
US

Mailing Address

P.O. BOX 160757
ALTAMONTE SPRINGS FL 32716
US

2. Principal Place of Business

8612 Villa Pt.
Suite, Apt. #, etc.
APT 434

3. Mailing Address

P.O. Box 160757
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando FL 32810

City & State
Alt Springs, FL

4. FEI Number
59-3340557

Applied For
☒ **Not Applicable**

Zip
32810

Country
US

Zip
32716

Country
US

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

6. Name and Address of Current Registered Agent

GIRTMAN, JAMES M
860 VENEZIA DR
#2217
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name **JAMES GIRTMAN**
Street Address (P.O. Box Number is Not Acceptable)
8612 Villa Pt.
APT 434
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, 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 **PD** ☐ **Delete**
NAME **GIRTMAN, JAMES M**
STREET ADDRESS **8600 VENEZIA DRIVE, APT. 22177**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **JAMES GIRTMAN**
STREET ADDRESS **8612 VILLA PT. APT 434**
CITY-ST-ZIP **ORLANDO, FL 32810**

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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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02 **407-492-9980**
Date Daytime Phone #

CR2E034 (9/01)