2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000069809 DOCLIMENT



FILED Apr 11, 2003 8:00 am Secretary of State

1. Entity Name NAMTRIG INCORPORATED							04-11-2003 90155 019 ***150.00				
Principal Place of Business 8612 VILLA POINT APT 434 ORLANDO FL 32810 US 2. Principal Place of Business Suite, Apt. #, etc.			Mailing Address P.O. BOX 160757 ALTAMONTE SPRINGS FL 32716 US 3. Mailing Address Suite, Apt. #, etc.								
City & State			City & State			4	4. FEI Number 59-3340557 Applied Fo]
Zip Country			Zip	Country		Certificate of Status Desired		Not 3.75 Add Required			
	6 Name	and Address of Current	Registered A			7	. Name and Address of New R				
	o. Haino	and Address of Carten	riogistores A	90	Name						1
GIRTMAN,	JAMES M	y water and the second			Ctront	ddraea (DO	Pay Number is Not Assentable			· ••••	3
8612 VILLA POINT					Street	laaress (P.O	. Box Number is Not Acceptable				
APT 434											
ORLANDO FL 32870				City				FL	Zip Code	9	
	named entitions of regist		or the purpose	of changing its re	egistered office o	r registered	agent, or both, in the State of Flo	rida. I am fam	iliar with, a	and accept	
SIGNATURE.	Signature typed	or printed name of registered agent	and title if applicable	e. (NOTE: F	Registered Agent signat	ture required who	an reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May , 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State											4
After	May (, 200	3 Fee will be \$550.00	f State				Election Campaign Fin Trust Fund Contribution			May Be to Fees	
After	May (, 200	3 Fee will be \$550.00			11.		·	n.	Added	to Fees	
After Make Check	May 1, 200 Payable to	OFFICERS AND		☐ Delete	TITLE		Trust Fund Contribution	CERS AND D	Added	to Fees	(6)
After Make Check 10. TITLE NAME	May 1, 200 Payable to PD GIRTMAN	OFFICERS AND JAMES M		☐ Delete	TITLE NAME		Trust Fund Contribution	CERS AND D	Added	to Fees S IN 11	(40/00)
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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 accurage 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 receive/or trustee empowered by 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.

SIGNATURE:

GUIRED ME OF SIGNING OFFICER OR DIRECTOR

<u>407-492-9980</u>