FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91105 006 ***150.00

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021677

1. Entity Name

THE TRIM MAN, INC. OF COLLIER COUNTY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1417 LYONIA LANE		1417 LYONIA LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34105	Country USA	Zip 34105	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0658956 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PATRICK J. MURPHY

Street Address (P.O. Box Number is Not Acceptable) 1417 LYONIA LANE

City NAPLES FL Zip Code 34105

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 the obligations of registered agent.

SIGNATURE ____________________ DATE ______

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D.
NAME	MURPHY, PATRICK J.
STREET ADDRESS	1417 LYONIA LANE
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Patrick J. Murphy 3-11-03 239-775-2625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #