

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90039 027 \*\*\*150.00

**DOCUMENT # P96000025633**

1. Entity Name  
**TREXLER FLOOR COVERING, INC.**

Principal Place of Business  
**1219 BRIGHTWATER VIEW**  
**CLERMONT FL 34711**  
**US**

Mailing Address  
**1219 BRIGHTWATER VIEW**  
**CLERMONT FL 34711**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1219 BRIGHTWATER VIEW**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**CLERMONT, FL**

City & State

4. FEI Number **59-3373638**

Applied For  
 Not Applicable

Zip **34711** Country **U.S.A.**

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

**TREXLER, MARK**  
**1219 BRIGHTWATER VIEW**  
**CLERMONT FL 34711**

Name **MARK TREXLER**

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

**1219 BRIGHTWATER VIEW**

City **CLERMONT, FL** **FL** Zip Code **34711**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete  
 NAME **TREXLER, THOMAS**  
 STREET ADDRESS **10810 BEVERLY CT**  
 CITY-ST-ZIP **CLERMONT FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **TREXLER, MARK**  
 STREET ADDRESS **1219 BRIGHTWATER VIEW**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **TREXLER, DAVID**  
 STREET ADDRESS **1691 SEMORAN N CIR #103**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02**

Date

Daytime Phone # **407/496/1855**

CR2E034 (9/01)