

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032519

1. Entity Name

TRC, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90168 026 ***150.00

Principal Place of Business

Mailing Address

~~3106 LAKEWOOD CIRCLE~~
~~FT LAUDERDALE FL 33332~~

~~3106 LAKEWOOD CIRCLE~~
~~FT LAUDERDALE FL 33332-1845~~

2. Principal Place of Business

3. Mailing Address

2528 MONTCLAIRE CIRCLE

2528 MONTCLAIRE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT. LAUD., FLA

City & State
FT. LAUD., FLA

4. FEI Number **65-0674553**

Applied For

Not Applicable

Zip
33327

Country

Zip
33327

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

CZUKOR, ROB
~~**3106 LAKEWOOD CIRCLE**~~
~~**FT LAUDERDALE FL 33332**~~

Name

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

2528 MONTCLAIRE CIRCLE

City

FT. LAUD.

State

FL 33327

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

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 ☐ Delete
NAME **D CZUKOR, ROB**
STREET ADDRESS ~~**3106 LAKEWOOD CIRCLE**~~
CITY-ST-ZIP ~~**FT LAUDERDALE FL 33332**~~

TITLE ☒ Change ☐ Addition
NAME **2528 MONTCLAIRE CIRCLE**
STREET ADDRESS **FT. LAUD., FL 33327**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Robert Czukor** **9/10/00 President 954 521 7070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #