

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059119

1. Entity Name

TREW CORPORATION

Principal Place of Business

2110 PLACIDA RD
ENGLEWOOD FL 34224
US

Mailing Address

P.O. BOX 7786
MYRTLE BEACH SC 29572-0018
US

2. Principal Place of Business

12350 MITCHELL TERRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

Zip

33981

Country

USA

Zip

33981

Country

USA

4. FEI Number

65-0688289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TREW, ROWLAND
12350 MITCHELL TERRACE
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE	PD	☐ Delete
NAME	TREW, ROWLAND	
STREET ADDRESS	12350 MITCHELL TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	STD	☐ Delete
NAME	TREW, SUSAN	
STREET ADDRESS	P.O. BOX 7786	
CITY-ST-ZIP	MYRTLE BEACH SC 29577	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 843-455-7617

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90010 039 ***150.00