

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027212

1. Entity Name

TECH-TRIM, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90004 020 ***150.00

Principal Place of Business

5074 TROTT CIRCLE
 NORTH PORT FL 34287

Mailing Address

5074 TROTT CIRCLE
 NORTH PORT FL 34287-3406

2. Principal Place of Business

23350 HARBORVIEW Rd
 Suite, Apt. #, etc.

3. Mailing Address

23350 HARBORVIEW Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CHARLOTTE HARBOR FL
 Zip 33980 Country USA

City & State

CHARLOTTE HARBOR FL
 Zip 33980 Country USA

4. FEI Number

65-0750893

Applied For

Not Applicable

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

GIUNTA, KENNETH V
 5074 TROTT CIRCLE
 NORTH PORT FL 34287

Name

23350 HARBORVIEW Rd

CHARLOTTE HARBOR FL Zip Code 33980

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GIUNTA, KENNETH V	
STREET ADDRESS	5074 TROTT CIRCLE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIUNTA, MICHAEL	
STREET ADDRESS	5074 TROTT CIRCLE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	23350 HARBORVIEW Rd
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	23350 HARBORVIEW Rd
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

KENNETH GIUNTA 5/1/00 941-625-9923

CR2E034 (9/99)