2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037212

1. Entity Name

LARRY BENSON TRIM, INC.

Principal Place of Business	Mailing Address
3816 MALEC CIRCLE	3816 MALEC CIRCLE
SARASOTA FL 34233	SARASOTA FL 34233

2. Principal Place of Business	**3.** Mailing Address
1937 Barber Road	**122 Hourglass Drive**
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	**4.** FEI Number	Applied For
Sarasota, Florida 34240-8303	**Venice, Florida 34293**	**65-0755075**	Not Applicable

Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
34240-8303	**SRQ**	**34293**	**SRQ**		

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent

Name

BENSON, LARRY
3816 MALEC CIR
SARASOTA FL 34231

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

City **Venice**	**FL**	Zip Code **34293**

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, 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	P	☐ Delete	TITLE		☒ Change	☐ Addition
NAME	BENSON, LARRY J		NAME	**122 Hourglass Drive**		
STREET ADDRESS	3816 MALEC CIR		STREET ADDRESS	**Venice, Florida 34293**		
CITY-ST-ZIP	SARASOTA FL 34233-2132		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (9/01)

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: _____ LARRY BENSON   3-4-02   1-941 356 1466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #