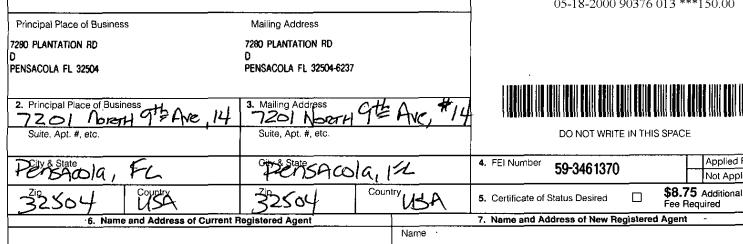
## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000067030** TRIM INTERNATIONAL, INC.

## FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90376 013 \*\*\*150.00



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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Calhoun, Leisa B 4400 BAYOU BLVD. PENSACOLA FL 32503

> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Applied For

Not Applicable

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE CALHOUN, GARY NAME NAME STREET ADDRESS 4587 BAYWOODS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 TITLE Delete CALHOUN, LEISA B NAME NAME STREET ADDRESS 4587 BAYWOODS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition \_\_\_ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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

SIGNATURE:

SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2E034 (9/99