

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90036 037 \*\*\*150.00

**DOCUMENT # P97000067030**

1. Entity Name

**TRIM INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**7280 PLANTATION RD****7280 PLANTATION RD****D  
PENSACOLA FL 32504****D  
PENSACOLA FL 32504**

2. Principal Place of Business

**2264 LAVISTA AVE**

Suite, Apt. #, etc.

3. Mailing Address

**POB 30351**

Suite, Apt. #, etc.

City &amp; State

**Pensacola, FL**

City &amp; State

**Pensacola, FL**

4. FEI Number

**59-3461370**

Applied For

Not Applicable

Zip

**32504**

Country

**Escambia**

Zip

**32503**

Country

**Escambia**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**~~CALHOUN, LEISA B~~  
~~4400 BAYOU BLVD.~~  
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name **GARY CALHOUN**

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

**2264 LAVISTA AVE**

City

**PENSACOLA**

FL

Zip

**32504**

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

**GARY CALHOUN, PRESIDENT****2-23-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>CALHOUN, GARY</b>			
	<b>4587 BAYWOODS DR.</b>			
	<b>PENSACOLA FL 32504</b>			
	<b>D</b>			
	<b>CALHOUN, LEISA B</b>			
	<b>4587 BAYWOODS DR.</b>			
	<b>PENSACOLA FL 32504</b>			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

**GARY CALHOUN****2-23-01****850-494-2874**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)