

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90062 044 ***150.00

DOCUMENT # P97000067328

1. Entity Name

DYKES TRIM, INC.

Principal Place of Business

~~870 CRESSWELL LANE WEST~~
JACKSONVILLE FL 32221

Mailing Address

~~870 CRESSWELL LANE WEST~~
JACKSONVILLE FL 32221

2. Principal Place of Business

537 Brunswick Terrace
 Suite, Apt. #, etc.

3. Mailing Address

537 Brunswick Terrace
 Suite, Apt. #, etc.

City & State

JAX FL

City & State

JAX FL

Zip

32221

Country

DNAC

Zip

32221

Country

DNAC

4. FEI Number

59-3460330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

DYKES, JAMES L
870 CRESSWELL LANE WEST
JACKSONVILLE FL 32221

7. Name and Address of New Registered Agent

Name

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

537 Brunswick Terrace

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, 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	P	<input type="checkbox"/> Delete
NAME	DYKES, JAMES L	
STREET ADDRESS	870 CRESSWELL LA W	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DKYES, JAMES B	
STREET ADDRESS	605 LONDON MORNING CT	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DYKES, JEREMY W	
STREET ADDRESS	599 LONDON MORNING CT	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	537 Brunswick Terrace	
CITY-ST-ZIP	Jax, FL 32221-3217	
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		
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 approved.

SIGNATURE: *James L Dykes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-01

Date

Daytime Phone #

CR2E034 (10/00)