

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90163 020 ***150.00

DOCUMENT # **P97000082899** ✓
1. Entity Name
TRM & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3731 Springside Dr.
Suite, Apt. #, etc.
ESTERO, Florida
City & State
Zip **33928** Country **U.S.A.**

3. Mailing Address
3731 Springside Dr
Suite, Apt. #, etc.
ESTERO, Florida
City & State
Zip **33928** Country **U.S.A.**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number
650825904
Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name **LOUISE J. THAELL**
Street Address (P.O. Box Number is Not Acceptable)
3731 Springside Drive
ESTERO, Florida
City **FL** Zip Code **33928**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT	LOUISE J. THAELL	3731 Springside Dr.	ESTERO, FLORIDA 33928
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Louise J. Thaell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.8.02 **239-498-6351**
Date Daytime Phone #