

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90241 037 \*\*\*150.00

**DOCUMENT # P97000093279**

1. Entity Name  
**TRISH, INC.**



Principal Place of Business  
**8732 HERSHEY LN  
SEMINOLE FL 33733**

Mailing Address  
**8732 HERSHEY LN  
SEMINOLE FL 33733**

**20007914**



2. Principal Place of Business  
**6825 10 Ave No**  
Suite, Apt. #, etc.

3. Mailing Address  
**6825 10 Ave No**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**St Petersburg FL**  
Zip  
**33710** Country  
**USA**

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**St Petersburg FL**  
Zip  
**33710** Country  
**USA**

4. FEI Number  
**59-3481174**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CARROLL, WILLIAM BENTON  
8732 HERSHEY LN  
SEMINOLE FL 33733**

7. Name and Address of New Registered Agent

Name **William Benton Carroll**  
Street Address (P.O. Box Number is Not Acceptable)  
**6825 10 Ave No**  
City **St Petersburg** FL Zip Code **33710**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William Benton Carroll Pres. W. Carroll** DATE **1-9-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARROLL, WILLIAM BENTON</b> <b>8732 HERSHEY LN</b> <b>SEMINOLE FL 33733</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARROLL, JOANN LEONE</b> <b>8732 HERSHEY LN</b> <b>SEMINOLE FL 33733</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Carroll William Benton</b> <b>6825 10 Ave No</b> <b>St Petersburg FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Carroll JoAnn Leone</b> <b>6825 10 Ave No</b> <b>St Petersburg FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE: **William Carroll** DATE **1-9-03** **727 4090232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)