## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P97000107714** TRIMCO, INCORPORATED 01-26-2000 90199 019 \*\*\*150.00 Principal Place of Business Mailing Address 9212 TALWLY CIR 9212 TALWLY CIR BOYNTON BCH FL 33437 BOYNTON BCH FL 33437 2. Principal Place of Business 3. Mailing Address Same Sam e Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0810934 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VACCARO, JOHN R PA Street Address (P.O. Box Number is Not Acceptable) 1325 S CONGRESS AVE **BOYNTON BEACH FL FL334-35** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE Same STEVENTON, RALPH NAME NAME STREET ADDRESS STREET ADDRESS 9212 TALWLY CIR CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL 33437** Steventur, Gable 9012 Talwiy Cir THE Change TITLE Delete ☐ Addition STEVENTON, GAYLE NAME STREET ADDRESS 122 YACHT CLUB WAY, #108 STREET ADDRESS Boynton Dead, FI 23427 CITY-ST-ZIP CITY-ST-ZIP HYPOLUXO FL 33462 ☐ Delete TITLE TITLE NĀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

pertify 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 and the information in 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 corporation or the receiver or trustee empowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if or on an attachment with an address, with a secure empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR