Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-27-2002 90119 004 ****70.00

FILED

02 SEP 16 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022485

1. Entity Name
Chris Trim, Inc

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4061 Royal Palm Bch Blvd Suite, Apt. #, etc.	4061 Royal Palm Beach Blvd Suite, Apt. #, etc.
City & State: Royal Palm Beach, Fl	City & State: Royal Palm Beach, Fl
Zip: 33411 Country: Palm Beach	Zip: 33411 Country: Palm Beach

4. FEI Number: 65-0814180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John P. George
Street Address (P.O. Box Number is Not Acceptable): 4061 Royal Palm Bch Blvd
City: Royal Palm Beach FL Zip Code: 33411

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: John George 8/16/02
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 T NAME Treasurer STREET ADDRESS James Coleman CITY-ST-ZIP 11327 66th Street West Palm Beach, Fl 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME Vice President STREET ADDRESS James Fitzpatrick CITY-ST-ZIP 9179 Twig Road Lake Worth, Fl. 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME Director STREET ADDRESS John P. George CITY-ST-ZIP 16466 Cortez St N Loxahatchee, Fl 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: John George 8/16/02 561-790-2068 16205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #