

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90114 001 ***150.00

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

DOCUMENT # P98000042214	
1. Entity Name Noes Trim Carpentry Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1419 10th Ave E	3. Mailing Address 1419 10th Ave E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Palmetto, FL	City & State Palmetto, FL
Zip 34221	Zip 34221
Country	Country

DO NOT WRITE IN THIS SPACE

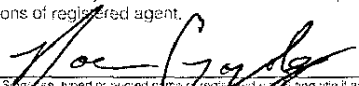
4. FEI Number 65-0834037	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Noe Gonzales**
Street Address (P.O. Box Number is Not Acceptable)
1419 10th Ave E
City **Palmetto** FL Zip Code **34221**

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  DATE **4-28-03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

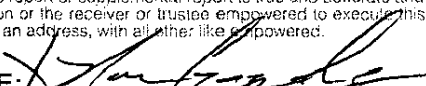
\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP Pres Noe Gonzales 1419 10th Ave E Palmetto, FL 34221	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-28-03** 941-749-5364

Date

Date and Phone #

CR2E034B (12/02)