2092 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Mar 25, 2002 8:00 am P98000069205 DOCUMENT # **Secretary of State** 1. Entity Name 03-25-2002 90154 049 ***150.00 TREND SUPPLY, INC. Principal Place of Business Mailing Address 217 ALTAMONTE COMMERCE BLVD., SUITE 1238 217 ALTAMONTE COMMERCE BLVD.. SUITE 1238 HUU48852 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business Mailing Address 1435 KOCKET DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. uite Apt. #. etc #108 108 Applied For 4. FEI Number City & State 59-3544004 KLANDO Not Applicable \$8.75 Additional RANG 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, JAGRUTI (P.D. Box Number is Not Acceptable) 217 ALTAMONTE COMMERCE BLVD., STE-1238 **ALTAMONTE SPRINGS FL 32714** and for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ature, 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, 2002 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 ☐ Delete ☐ Change ☐ Addition TITLE TITLE PATEL, JAGRUTI NAME NAME 11435 ROCKET BWD #108 217 ALTAMONTE COMMERCE BLVD 1204 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32824 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if

FILED

Date

Daytime Phone #