

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90092 008 \*\*\*150.00

DOCUMENT # P98000084335

1. Entity Name Trim By Brooke, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4355 Albritton Rd.

Suite, Apt. #, etc.

3. Mailing Address

4355 Albritton Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Cloud, FL

City & State

St. Cloud, FL

4. FEI Number

59-3533701

Applied For

Not Applicable

Zip

34772

Country

USA

Zip

34772

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Brooke A. Rowe

Street Address (P.O. Box Number is Not Acceptable)

4355 Albritton Road

City

St. Cloud

FL

Zip Code

34772

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

Brooke A. Rowe

Brooke A. Rowe

4/23/02

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
Brooke A. Rowe  
4355 Albritton Rd.  
St. Cloud, FL 34772

TITLE  
NAME  
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CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

Brooke A. Rowe

4/23/02

407-957-8839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)