FILED

352-331-2978

## 2001 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

Sep 10, 2001 8:00 am Secretary of State P98000089841 **DOCUMENT #** 1. Entity Name 09-10-2001 90051 032 \*\*\*150.00 TRENZCO, INC. Principal Place of Business Mailing Address 1429 N.W. 98TH TERRACE 1423 N.W. 98TH TERRACE C0076080 CAINESVILLE FL 32606 GAINESVILLE FL 32600 2. Principal Place of Business 3. Mailing Address 2323 SW 112TH 2323 SW 1127H Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3537815 GAINESVILLE CAINESVILLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32607 ALACHJA 32607 ALÁCHVA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERWIN, JAY G ESQ. Street Address (P.O. Box Number is Not Acceptable) 4 S.E. BROADWAY **OCALA FL 34475** Zip Code 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) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 5/01] TITLE ☐ Delete TITI F NAME AMMONS, BOBBY R JR. NAME 2323 SW 112TH ST. 1423 N.W. 98TH TERRACE STREET ADDRESS STREET ADORESS CH2E034 GAINESVILLE FL 32606 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FI 32607 TITLE ☐ Delete TITLE Change ☐ Addition AMMONS, TOMI E NAME NAME 2323 SW 112TH STA 1423 N.W. 98TH TERRACE STREET ADDRESS STREET ADDRESS GAINEOVILLE FL 32666 CITY-ST-ZIP CITY-ST-ZIP GAINENVILLE, F1 32607 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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Low # 198000089841

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NW 41st Street (LONGO80) D.M. Smith & Company

Certified Public Accountants 2531-A NW 41st Street Gainesville, FL 32606 352-377-5566

September 5, 2001 ر ب برم

State of Florida Uniform Business Report **Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500

-RE:-Frenzco,-Inc.-

Dear Sirs:

Pursuant to the second notice for the Uniform Business report for 2001, we are writing to request a waiver of the additional fee for late filing for reasonable cause.

The business changed the mailing address during 2000. We do not know what happened to the original form.

The addresses have been changed on the form for future mailings.

We will appreciate your consideration in this matter. The additional penalty would be a hardship on the company.

We have enclosed the original fee of \$150 and ask that you waive the penalty.

Sincerely

D.M. Zmi

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