

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057100

1. Entity Name

TRIER PLASTERING & STUCCO, INC.

FILED

Sep 05, 2000 8:00 am  
Secretary of State

09-05-2000 90025 003 \*\*\*550.00

Principal Place of Business

3913 NOTTINGHAM DRIVE  
SARASOTA FL 34235

Mailing Address

3913 NOTTINGHAM DRIVE  
SARASOTA FL 34235

2. Principal Place of Business

2920 Floyd St  
Suite, Apt. #, etc.

3. Mailing Address

2920 Floyd St  
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0926734

☒ Applied For

☐ Not Applicable

Zip

34239

Country

USA

Zip

34239

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRIER, KEVIN  
3913 NOTTINGHAM DRIVE  
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name Trier, Kevin

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

2920 Floyd St.

City Sarasota

FL

Zip Code 34239

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

*Kevin Trier*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-15-00

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	DP	<input type="checkbox"/> Delete
NAME	TRIER, KEVIN	
STREET ADDRESS	3913 NOTTINGHAM DRIVE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TRIER, THERESA	
STREET ADDRESS	3913 NOTTINGHAM DRIVE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	<del>Vice President</del>	<input type="checkbox"/> Delete
NAME	<del>Robert Trier</del>	
STREET ADDRESS	<del>1020 N. Lockwood Ridge Apt. B</del>	
CITY-ST-ZIP	<del>Sarasota, FL 34237</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Trier	
STREET ADDRESS	2920 Floyd St.	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theresa Trier	
STREET ADDRESS	2920 Floyd St	
CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Trier	
STREET ADDRESS	1020 N. Lockwood Ridge Apt. B	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Theresa Trier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-00

Date

(941)957-0213

Daytime Phone #

CR2E034 (5/00)