## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Sep 13, 2000 8:00 am Secretary of State DOCUMENT # P9900076006 1. Entity Name TRUSTFED, INC. 09-13-2000 90017 038 \*\*\*158.75 Principal Place of Business Mailing Address 8512 POYDRAS LANE 8512 POYDRAS LANE TAMPA FL 33635-1610 TAMPA FL 33635-1610 21100000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEE, ALMA Street Address (P.O. Box Number is Not Acceptable) 8512 POYDRAS LANE TAMPA FL 33635-1610 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. D Addition TITLE ☐ Delete TITLE NAMÉ KEE, ALMA NAME STREET ADDRESS STREET ADDRESS 8512 POYDRAS LANE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33635-1610 ☐ Change ☐ Addition ☐ Delete 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITL F 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

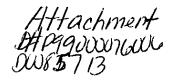
CITY-ST-ZIP

☐ Delete

9-6-00 813-855-4993 Daytime Phone #

☐ Change

Addition



8512 Poydras Ln Tampa FL 33635-1610 September 8, 2000

Katherine Harris Secretary of State Division of Corporations PO Box 6327 Tallahassee FL 32314

Re: Uniform Business Report (UBR) - TrustFed, Inc. P99000076006

Dear Ms. Harris:

We mailed the UBR with our check #1550 in the amount of \$150.00 on April 10, 2000. I just verified with our bank and the check has not cleared. Enclosed is a replacement check and another UBR.

Thank you for your consideration. If you need additional information, please call me at (813) 855-4993.

Sincerely,

Alma R. Kee