

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098751

1. Entity Name:

TRUE TRIM, INC.

Principal Place of Business

5285 MIDDLE COURT
ORLANDO FL 32811

Mailing Address

5285 MIDDLE COURT
ORLANDO FL 32811-6729

2. Principal Place of Business

5285 MIDDLE COURT

Suite, Apt. #, etc.

3. Mailing Address

5285 MIDDLE COURT

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

ORLANDO FL.

4. FEI Number

59-3616135

Applied For

Not Applicable

Zip

32811

Country

ORANGE

Zip

32811

Country

ORANGE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALSH, MICHAEL

3619 NE 207TH STREET SUITE 2302
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD

BUTLER, MICHAEL

5285 MIDDLE COURT
ORLANDO FL 32811

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President
Garza, Samuel
3101 Rime Village Dr.
HOOPER AL 35216

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

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:

Michael Butler Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90061 031 ***158.75



DO NOT WRITE IN THIS SPACE