## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # \$37830** 1. Entity Name TRAPNELL' & COMPANY, INC. 01-30-2001 90019 044 \*\*\*150.00 145000 性權對機關的反抗。1、4 5 14 5 40 6 6 Principal Place of Business Similar State Mailing Address PO BOX 321078 PO BOX 321078 308007 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3054834 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERT L. TRAPNELL, JR. TRAPNELL, ROBERT L JR. 1527 S. ATLANTIC AVE. COCOA BEACH FL 32931 COCOA BEACH Zig 293/ 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 \$150.00 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 MAY 1, 2001 Fee will be \$550.00 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 12. 11. PSD **PSD** TITLE ☐ Addition TITLE ☐ Delete TRAPHELL, ROBERT L. JR. 1527 S. ARANTIC AVE, # 501 TRAPNELL, ROBERT L., JR. NAME NAME STREET ADDRESS STREET ADDRESS 784 NIGHT OWL LANE COGOA BEACH , FL 3293/ CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL Change ☐ Addition ☐ Defete TITLE TITLE TRAPHELL , TERESA TRAPNELL, TERESA NAME NAME 1527 S. ATLANTK AVE, # 501 STREET ADDRESS STREET ADDRESS 784 NIGHT OWL LANE COCOA BEACH, FL. 3293( CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 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-7IP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: AND TYPED OR PROTECT ROBERT L. TRAPLECL JR. 1-21-01 321-783.7472

CR2E034 (10/0

Change

☐ Addition