

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 03, 2001 08:00 AM****Secretary of State****DOCUMENT # V14913**1. Entity Name
THE GINGERBREAD TRIM COMPANYPrincipal Place of Business
23058 HARBORVIEW
PORT CHARLOTTE FL 33980 US
Mailing Address
P.O. BOX 9100
PORT CHARLOTTE FL 339499100 US2. Principal Place of Business
23264 HARBORVIEW
3. Mailing Address
P.O. BOX 496200

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT CHARLOTTE FL
City & State
PORT CHARLOTTE FL4. FEI Number
65-0324708
Applied For
Not ApplicableZip Country
33980 US
Zip Country
339496200 US5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****DAFFRON DON**
3442 SWANEE RD
PT CHARLOTTE FL 33980 US**7. Name and Address of New Registered Agent**Name
CAMPBELL CLIF RP
Street Address (P.O. Box Number is Not Acceptable)
29062 RIVERVIEW LANE
City
PUNTA GORDA FL Zip Code
33982

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 **CLIF CAMPBELL****07/03/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------|----------------|-------------|---|---------------------------------|--|
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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: Clif Campbell

p

07/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)