

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90096 003 ***150.00

DOCUMENT # V25475

1. Entity Name

TRIM WORKS, INC.

Principal Place of Business

**9177 ANGORA ST
 SPRING HILL FL 34608**

Mailing Address

**9177 ANGORA ST
 SPRING HILL FL 34608**

2. Principal Place of Business

13614 Claudia Dr.

3. Mailing Address

PO Box 6132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson FL.

City & State

Spring Hill FL

4. FEI Number

59-3115852

Applied For

Not Applicable

Zip

34667

Country

USA

Zip

34667

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEIBECK, RICHARD

9177 ANGORA ST

SPRING HILL FL 34608

Name

RICHARD HEIBECK

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

13614 CLAUDIA DR

City

Hudson

FL

Zip Code

34667

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PVS**
 STREET ADDRESS **HEIBECK, RICHARD**
 CITY-ST-ZIP **9177 ANGORA ST**
SPRING HILL FL 34608

TITLE ☒ Change ☐ Addition
 NAME **13614 CLAUDIA DR**
 STREET ADDRESS **Hudson FL 34667**
 CITY-ST-ZIP **Hudson FL 34667**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HEIBECK, RICHARD**
 CITY-ST-ZIP **9177 ANGORA ST**
SPRING HILL FL

TITLE ☒ Change ☐ Addition
 NAME **13614 CLAUDIA DR**
 STREET ADDRESS **Hudson FL 34667**
 CITY-ST-ZIP **Hudson FL 34667**

TITLE ☒ Delete
 NAME **HEIBECK, KIMBERLY**
 STREET ADDRESS **9177 ANGORA ST**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☒ Change ☐ Addition
 NAME **HEIBECK, RICHARD**
 STREET ADDRESS **13614 CLAUDIA DR.**
 CITY-ST-ZIP **Hudson FL 34667**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Richard Heibek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

7278089750

Daytime Phone #

CR2E034 (10/00)