

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000059119

FILED
Feb 22, 2003
Secretary of State

Entity Name: TREW CORPORATION

Current Principal Place of Business:

12350 MITCHELL TERRACE
PORT CHARLOTTE, FL 33981 US

New Principal Place of Business:

Current Mailing Address:

806 GREEN BAY TRAIL
MYRTLE BEACH, SC 29577 US

New Mailing Address:

FEI Number: 65-0688289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREW, ROWLAND
12350 MITCHELL TERRACE
PORT CHARLOTTE, FL 33981

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TREW, ROWLAND
Address: 12350 MITCHELL TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: STD () Delete
Name: TREW, SUSAN
Address: P.O. BOX 7786
City-St-Zip: MYRTLE BEACH, SC 29577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: TREW, SUSAN
Address: 806 GREEN BAY TRAIL
City-St-Zip: MYRTLE BEACH, SC 29577

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROWLAND TREW

PRES

02/22/2003

Electronic Signature of Signing Officer or Director

_____ Date