2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State
01-24-2001 90090 008 ***158.75

DOCUMENT # 220308

1. Entity Name
TROVILLION & DAUGHERTY, INC.

Principal Place of Business	Mailing Address
665 HAROLD AVE. SUITE A WINTER PARK FL 32789 US	665 HAROLD AVE. SUITE A WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
667 HAROLD AVE.	667 Harold Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FL.	City & State: Winter Park, FL
Zip: 32789 Country: Orange	Zip: 32789 Country: Orange.

4. FEI Number 59-0883046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAUGHERTY, RICHARD E., II
665 HAROLD AVE.
SUITE A
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name: Richard E. Daugherty II
Street Address (P.O. Box Number is Not Acceptable): 667 Harold Ave.
City: Winter Park, FL FL Zip Code: 32789

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: Richard E. Daugherty II DATE: 1-15-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAUGHERTY,RICHARD E.,II	NAME	
STREET ADDRESS	~~665 HAROLD AVE., SUITE A~~ 667 Harold Ave.	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: R. E. Daugherty Jr Pres. Date: 1-15-01 Daytime Phone #: 407-644-6318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR