

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90178 015 ***150.00

DOCUMENT # 220308

1. Entity Name
TROVILLION & DAUGHERTY, INC.



Principal Place of Business
870 ARAGAN AVE
WINTER PARK FL 32789
US

Mailing Address
870 ARAGAN AVE
WINTER PARK FL 32789
US

2. Principal Place of Business

870 Denning Drive,
Suite, Apt. #, etc.

3. Mailing Address

870 Denning Drive
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Winter Park, Florida

City & State
Winter Park, Florida

4. FEI Number **59-0883046**

Applied For
Not Applicable

Zip
32789

Country
Orange

Zip
32789

Country
Orange

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

6. Name and Address of Current Registered Agent

DAUGHERTY, RICHARD E., II
870 ARAGAN AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

RICHARD E. DAUGHERTY II
Street Address (P.O. Box Number is Not Acceptable)
870 South Denning Drive

City **Winter Park, Florida** FL **32789** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **R.E. Daugherty II**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-21-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PT**
NAME **DAUGHERTY, RICHARD E., II**
STREET ADDRESS **870 ARAGAN AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT**
NAME **Daugherty, Richard E., II**
STREET ADDRESS **870 Denning Drive, South**
CITY-ST-ZIP **Winter Park, Florida 32789**

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RSGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03
Date

407-644-6388
Daytime Phone #