

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90136 002 ***158.75

DOCUMENT # P95000038908

1. Entity Name
TRUST COMPANIES OF AMERICA, INC.



Principal Place of Business
**201 CENTER ROAD
SUITE TWO
VENICE FL 34292**

Mailing Address
**201 CENTER ROAD
SUITE TWO
VENICE FL 34292**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0596382**

Applied For

Not Applicable

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

**CALDWELL, ROLAND G JR
201 CENTER ROAD
SUITE TWO
VENICE FL 34292**

Name

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

City

FL

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CD	CALDWELL, ROLAND G		
STREET ADDRESS	4910 LEMON BAY DRIVE		
CITY-ST-ZIP	VENICE FL 34293		
PTD	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CALDWELL, ROLAND G JR			
STREET ADDRESS	3320 HARDEE DRIVE		
CITY-ST-ZIP	VENICE FL 34292		
D	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MEYERHOFF, JACK F			
STREET ADDRESS	20 INLETS BLVD.		
CITY-ST-ZIP	NOKOMIS FL 34275		
D	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
O'MEARA, LLOYD E			
STREET ADDRESS	3803 HUNTING RIDGE ROAD		
CITY-ST-ZIP	WINCHESTER VA 22603		
D	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TEAGUE, JO M JR			
STREET ADDRESS	848 CARNOUSTIE DR		
CITY-ST-ZIP	VENICE FL 34293		
D	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
WILCOX, JUDITH H			
STREET ADDRESS	324 SUNRISE RD		
CITY-ST-ZIP	NOKOMIS FL 34275		

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: **SIGNATURE REQUIRED** Roland S. Caldwell, Jr. 01/13/03 941-493-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)