

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 291711

1. Entity Name

T R T, INC.

Principal Place of Business

PO BOX 770668
OCALA FL 34477-0668
US

Mailing Address

PO BOX 770668
OCALA FL 34477-0668
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

-0668

4. FEI Number

59-1160766

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

LEE, DOROTHY G.
1301 SW 37TH AVE. STE.#102
OCALA FL 34474

Name

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

STE.#102

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.

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, 2000 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	VPD	<input checked="" type="checkbox"/> Delete
NAME	PLEGGIA, WILLIAM	
STREET ADDRESS	15 COLD HARBOR LANE	
CITY-ST-ZIP	LONG ISLAND NY	
TITLE	PSD T	<input type="checkbox"/> Delete
NAME	LEE, DOROTHY G	
STREET ADDRESS	5072 NW 80TH AVE. RD.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOEBEL, ROBERT J	
STREET ADDRESS	1301 SW 37 AVE, #STE. 102	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSD T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, DOROTHY G.	
STREET ADDRESS	5072 NW 80TH AVE. RD.	
CITY-ST-ZIP	OCALA, FL. 34482	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEBEL, ROBERT J.	
STREET ADDRESS	1301 SW 37 AVE, STE.#102	
CITY-ST-ZIP	OCALA, FL. 34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90012 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR 21:034 (9/99)

4-30.00 352-
237.2000