

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 312635

1. Entity Name

TOM TROUT, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90009 017 ***150.00

Principal Place of Business

Mailing Address

5569-1 BOWDEN ROAD
JACKSONVILLE FL 32216

5569-1 BOWDEN ROAD
JACKSONVILLE FL 32216-0915

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 59-1164590

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

THOMAS, TROUT 1
2417 SAN JOSE CIR N.
JACKSONVILLE FL 32216

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.

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	PD	<input type="checkbox"/> Delete
NAME	TROUT, THOMAS W	
STREET ADDRESS	2199 ASTOR STREET #401	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	TROUT, JOAN H	
STREET ADDRESS	2199 ASTOR STREET #401	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TROUT, THOMAS III	
STREET ADDRESS	2417 JOSE CIRCLE N	
CITY-ST-ZIP	JACKSONVILLE FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trout, Thomas W.	
STREET ADDRESS	5353 County Rd. 352	
CITY-ST-ZIP	Keystone Heights, FL. 32656	
TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trout, Joan H.	
STREET ADDRESS	5353 County Rd 352	
CITY-ST-ZIP	Keystone Heights, FL. 32656	
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		
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 like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

904-737-5412

Daytime Phone #

CR2E034 (9/99)