

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 519923

1. Entity Name

TRA-JAS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90333 045 ***150.00

Principal Place of Business

41522 US HWY 19 NO.
 TARPON SPRINGS FL 34689

Mailing Address

41522 US HWY 19 NO.
 TARPON SPRINGS FL 34689-5114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1704406

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERT M LLOYD
 25 PINWOOD TERR
 PALM HARBOR, FL
 PALM HARBOR FL 34683

Name

LLOYD, ERIC R.

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

5711 Shamrock West Apt D-171

City

Tallahassee

FL

Zip Code

32308

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/00

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 **P** ☐ Delete
 NAME **ROESSLER, TRACEY S**
 STREET ADDRESS **25 PINWOOD TERR**
 CITY-ST-ZIP **PALM HARBOR, FL 00000 34683**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **LLOYD, ROBERT M**
 STREET ADDRESS **25 PINWOOD TERR**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **Director** ☒ Change ☐ Addition
 NAME **LLOYD, Robert M**
 STREET ADDRESS **25 Pinewood Ter**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **VP** ☐ Delete
 NAME **LLOYD, ERIC R**
 STREET ADDRESS **813 8TH STREET**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **LLOYD, CHRISTOPHER W**
 STREET ADDRESS **2500 RUSHONORE DR**
 CITY-ST-ZIP **HOLIDAY FL**

TITLE **SIT** ☒ Change ☐ Addition
 NAME **LLOYD, Christopher W**
 STREET ADDRESS **25 Pinewood Ter**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-938-2893

CR2E034 (9/99)