

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 552283**

1. Entity Name

DUSTY TROYER & ASSOCIATES, INC.**FILED****Mar 22, 2001 8:00 am**
Secretary of State

03-22-2001 90038 035 ***150.00

Principal Place of Business

Mailing Address

2701 BUSCH BLVD W
SUITE 113
TAMPA FL 336182701 BUSCH BLVD W
SUITE 113
TAMPA FL 33618

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1211 Semoran Boulevard

3. Mailing Address

1211 Semoran Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101**Suite 101**

City & State

City & State

Casselberry, Florida**Casselberry, Florida**4. FEI Number **59-1776591**

Applied For

Not Applicable

Zip

Country

32707**Seminole**

Zip

Country

32707**Seminole**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

TROYER, DARVIN W.
2701 BUSCH BLVD W.
TAMPA FL 33618

Name

Darvin W. Troyer

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

1211 Semoran Boulevard**Suite 101**

City

Casselberry**FL**

Zip Code

32707

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME	PD TROYER, D.W.	<input type="checkbox"/> Delete
STREET ADDRESS	2701 BUSCH BLVD W #113	
CITY-ST-ZIP	TAMPA FL	

TITLE NAME	PD Troyer, D.W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1211 Semoran Boulevard Suite 101	
CITY-ST-ZIP	Casselberry, Florida 32707	

TITLE NAME	SD TROYER, RUTH ANN	<input type="checkbox"/> Delete
STREET ADDRESS	2701 BUSCH BLVD W #113	
CITY-ST-ZIP	TAMPA FL	

TITLE NAME	SD Troyer, Ruth Ann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1211 Semoran Boulevard Suite 101	
CITY-ST-ZIP	Casselberry, Florida 32707	

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

8889333044

Daytime Phone #

CR2E034 (10/00)