

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90098 045 ***150.00

DOCUMENT # 602539

1. Entity Name
TROUTMAN, WILLIAMS, IRVIN, GREEN & HELMS, P.A.



Principal Place of Business
**311 W. FAIRBANKS AVE.
WINTER PARK FL 32789**

Mailing Address
**311 W. FAIRBANKS AVE.
WINTER PARK FL 32789**

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 **59-1307346**

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

**TROUTMAN, RUSSELL
311 W. FAIRBANKS AVE.
WINTER PARK FL 32789**

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	TROUTMAN, RUSSELL	311 W. FAIRBANKS AVE.	WINTER PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	IRVIN, PAUL B.	311 W. FAIRBANKS AVE.	WINTER PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	WILLIAMS, JOSEPH H.	311 W. FAIRBANKS AVE.	WINTER PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GREEN, ROBERT F	311 W FAIRBANKS AVE	WINTER PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Russell Troutman* **Russell Troutman** 3/6/03 407-647-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)