

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90257 008 ***150.00

0566A-C AV

DOCUMENT # 660885

1. Entity Name
TROYER'S UNLIMITED INC.



Principal Place of Business
**8058 N. TUTTLE AVE.
SARASOTA FL 34243**

Mailing Address
**8058 N. TUTTLE AVE.
SARASOTA FL 34243**

2. Principal Place of Business
8028 N. Tuttle Ave

3. Mailing Address
8028 N. Tuttle Ave

Suite, Apt. #, etc.

City & State
Sarasota FL

City & State
34243

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1985417** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIANSSEN & DEHNER, P.A.
63 SARASOTA CENTER BLVD
STE 107
SARASOTA FL 34240

7. Name and Address of New Registered Agent

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROYER, LLOYD 8058 N TUTTLE AVE SARASOTA FL 34243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TROYER, SANDRA 8058 N. TUTTLE AVE. SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Decrease / see attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Troyer, Sandra 8028 N. Tuttle Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sarasota, FL, 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra R. Troyer* **SIGNATURE:** *Sandra R. Troyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **4/25/03 941-355-5050**

CR2E034 (10/02)

STATE OF FLORIDA

OFFICE OF VITAL STATISTICS

CERTIFIED COPY

Attachment
D# 160885
80105043

CERTIFICATE OF DEATH

FLORIDA

OR
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MANENT
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LOCAL FILE NO. 163

DECEDENT

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PARENTS

DISPOSITION

CERTIFIER

1. DECEDENT'S NAME FIRST: Lloyd MIDDLE: J. LAST: Troyer		2. SEX: Male	
3. DATE OF DEATH (Month, Day, Year) March 10, 2001		4. SOCIAL SECURITY NUMBER 297-26-0412	
5a. AGE-Last Birthday (years): 70		5b. UNDER 1 YEAR: Months: Days: Hours: Minutes:	
6. DATE OF BIRTH (Month, Day, Year) February 16, 1931		7. BIRTHPLACE (City and State or Foreign Country) Wayne County, Ohio	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient; <input type="checkbox"/> ER/Outpatient; <input type="checkbox"/> DOA; <input type="checkbox"/> OTHER: Nursing Home, Residence, Other (Specify)	
9c. FACILITY NAME (If not institution, give street and number) Sarasota Memorial Hospital		9d. CITY, TOWN, OR LOCATION OF DEATH Sarasota	
9e. COUNTY OF DEATH Sarasota		10a. DECEDENT'S USUAL OCCUPATION Owner Operator	
10b. KIND OF BUSINESS/INDUSTRY Retail Citrus		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SURVIVING SPOUSE (If wife, give maiden name) Sandra K. Kerr		13a. RESIDENCE - STATE: Florida	
13b. COUNTY: Manatee		13c. CITY, TOWN, OR LOCATION: Sarasota	
13d. STREET AND NUMBER: 8028 N. Tuttle Avenue		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No	
15. RACE - American Indian, Black, White, etc. Specify: White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary: 8; College (1-4 or 5+): 0	
17. FATHER'S NAME (First, Middle, Last) Joseph D. Troyer		18. MOTHER'S NAME (First, Middle, Maiden Surname) Verna L. Hostetler	
19a. INFORMANT'S NAME (Type/Print) Sandra K. Trover		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8028 N. Tuttle Avenue, Sarasota, Florida 34243	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial; <input type="checkbox"/> Cremation; <input type="checkbox"/> Removal from State; <input type="checkbox"/> Donation; <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Palms Memorial Park	
20c. LOCATION - City or Town, State Sarasota, Florida		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
21b. LICENSE NUMBER (of Licensee) FE2590		21c. NAME AND ADDRESS OF FACILITY Wiegand Brothers Funeral Home 7454 South Tamiami Trail Sarasota, FL 34231	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) <i>[Signature]</i>	
22b. DATE SIGNED (Mo., Day, Yr) 3/14/01		23b. DATE SIGNED (Mo., Day, Yr)	
22c. HOUR OF DEATH 8:25 A		23c. HOUR OF DEATH	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23d. MEDICAL EXAMINER'S CASE #	
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Randy B. Powell M.D. 921 South Beneva Road, Sarasota, Florida, 34239			
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>[Signature]</i>		25b. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>	
		25c. DATE REGISTERED March 16, 2001	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE
Mar. 16, 2001

[Signature]
BY CHIEF DEPUTY REGISTRAR

State Registrar

WARNING

12394492

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10/98)