

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State
 02-02-2001 90306 005 ***158.75

DOCUMENT # F21363

1. Entity Name

TROY AIR CONTROL, INC.

Principal Place of Business

4205 1/2 METZGER RD
 PO BOX 1747
 FT PIERCE FL 34954

Mailing Address

4205 1/2 METZGER RD
 PO BOX 1747
 FT PIERCE FL 34954

2. Principal Place of Business

4205 1/2 Metzger Rd
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1747
 Suite, Apt. #, etc.

City & State

FT Pierce, FL

City & State

FT Pierce, FL

Zip

34947

Country

St Lucie

Zip

34954-1747

Country

St Lucie

4. FEI Number

59-2067687

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

STROUSE, FREDERICK L
 4205 1/2 METZGAR ROAD
 FORT PIERCE FL 34954

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, 2001 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 ☐ Delete
 NAME STROUSE, FREDERICK L.
 STREET ADDRESS 4205 1/2 METZGER ROAD
 CITY-ST-ZIP FORT PIERCE, FL 00000

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

TITLE VD ☐ Delete
 NAME STROUSE, CHERYL K
 STREET ADDRESS 4205 1/2 METZGER ROAD
 CITY-ST-ZIP FORT PIERCE, FL 00000

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

TITLE ST ☐ Delete
 NAME STROUSE, CHERYL K
 STREET ADDRESS 4205 1/2 METZGER ROAD
 CITY-ST-ZIP FORT PIERCE, FL 00000

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

Cheryl K. Strouse
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl K. Strouse
 Date

Date

Daytime Phone #

1-29-01 561-461-4949
 Daytime Phone #

CR2E034 (10/00)