

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F21363

FILED  
Jan 31, 2002 8:00 AM  
Secretary of State

Entity Name: TROY AIR CONTROL, INC.

## Current Principal Place of Business:

4250 1/2 METZGER RD  
FORT PIERCE, FL 34947

## New Principal Place of Business:

4205 1/2 METZGER RD  
FORT PIERCE, FL 34947

## Current Mailing Address:

P.O. BOX 1747  
FT POERCE, FL 349541747

## New Mailing Address:

P.O. BOX 1747  
FT PIERCE, FL 349541747

FEI Number: 59-2067687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

STROUSE, FREDERICK L PRES.  
601 GREGORY ST.  
FORT PIERCE, FL 34982

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: FREDERICK L. STROUSE

01/31/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STROUSE, FREDERICK L. ,  
Address: 42051/2 METZGER ROAD  
City-St-Zip: FORT PIERCE, FL 34947

Title: VD ( ) Delete  
Name: STROUSE, CHERYL K,  
Address: 42051/2 METZGER ROAD  
City-St-Zip: FORT PIERCE, FL 34947

Title: ST ( ) Delete  
Name: STROUSE, CHERYL K,  
Address: 42051/2 METZGER ROAD  
City-St-Zip: FORT PIERCE, FL 34947

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL K. STROUSE

VPST

01/31/2002

Electronic Signature of Signing Officer or Director

Date