

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001494

1. Entity Name

DAVID TROUT & ASSOCIATES, LTD. CORPORATION

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90006 014 ***150.00

Principal Place of Business

3233 N. ARLINGTON HEIGHTS RD.
SUITE 208
ARLINGTON HEIGHTS IL 60004

Mailing Address

3233 N. ARLINGTON HEIGHTS RD.
SUITE 208
ARLINGTON HEIGHTS IL 60004

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3892548**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONE, RICHARD J
% HOWARD, BRAWNER & STONE
2950 SW 27TH AVE, SUITE 210
MIAMI FL 33133

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
SILVER, BONNIE
4226 N. RIDGE
ARLINGTON HEIGHTS IL 60004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2000 800-818-8848
Date Daytime Phone #

CR2E034 (5/00)

David W. Trout
Bonnie A. Sadur
Jay M. Silver
Laurie A. Donzelli
Candace D. Oshel

TROUT & ASSOCIATES, LTD.

3233 N. Arlington Heights Road
Arlington Heights, Illinois 60004
(847) 818-8848 • (800) 818-8848
Fax: (847) 818-8778
Internet Address: collect@troutltd.com
Web Site: <http://www.webdebt.com>



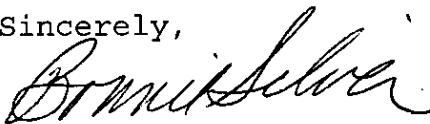
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

July, 10, 2000

To Whom It May Concern:

Attached is my notice and a check for renewal for \$150. I had never received a first notice and was instructed by your office to send this letter with the enclosed check. Please notify me if anything else is required.

Sincerely,



Bonnie Silver
Ext. 423
bsadur@troutltd.com

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page 000000000000