2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L95000000081

1. Entity Name
THE TROYER LEASING COMPANY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 12 AM 10: 47

Principal Place of Business	Mailing Address
1227 S.E. 9TH TERRACE	1227 S.E. 9TH TERRACE
CAPE CORAL FL 33990	CAPE CORAL FL 33990-3006

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE MJH

4. FEI Number 65-0553347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TROYER, RODNEY J
1227 S.E. 9TH TERRACE
CAPE CORAL FL 33990

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROYER, RODNEY J 1227 S.E. 9TH TERRACE CAPE CORAL FL 33990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400003103764--7 -01/20/00--01018--008 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROYER, VIRGINIA L 1227 S.E. 9TH TERRACE CAPE CORAL FL 33990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rodney Troyer Rodney Troyer 1/5/2000 9415742326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #