

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007060

1. Entity Name

TROJAN HOUSE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90003 046 ****61.25

Principal Place of Business

Mailing Address

101 N "J" STREET
#2
LAKE WORTH FL 33460
US

101 N "J" STREET
#2
LAKE WORTH FL 33460-3353
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0901298**
APPLIED FOR

Applied For

Not Applied For

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MOE, RODERICK C CPA
101 NORTH "J" STREET
LAKE WORTH FL 33460

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 \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	EGLY, JOSEPH	
STREET ADDRESS	814 WEST LANTANMA RD., SUITE 1	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, DWIGHT L	
STREET ADDRESS	4700 2ND AVE., SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GAITAN, MARIA	
STREET ADDRESS	303 BANYAN BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMBLIN, MARK	
STREET ADDRESS	PO BOX 6877	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STRATTON, JIM	
STREET ADDRESS	7546 ENTERPRISE DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOE, RODERICK C	
STREET ADDRESS	101 NORTH J STREET #2	
CITY-ST-ZIP	LAKE WORTH FL 33460	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2000

561 586-3413

Date

Daytime Phone #