

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007060

1. Entity Name

TROJAN HOUSE, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0421298

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

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

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 \$61.25

9. Election Campaign Finance
Trust Fund Contribution ☐

PAID
CK# 26002
\$5.00 May Be
Added to Fees
DATE 2/12/01

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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: *Roderick C. Moe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/001 (561) 506-3413
Date Daytime Phone #

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90009 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)