

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90081 031 \*\*\*\*61.25

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (10/02)

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

*Roderick C. Moe* 1/6/03 561 586 3413