


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -7 PM 12:21

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| DOCUMENT # P00000000314 |  |
| 1. Entity Name TROST ENTERPRISES, INC. | |

DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 3041 Tindall Acres Rd. | 3. Mailing Address 3041 Tindall Acres Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02-03
400015324784
04/07/03--01002--004 **900.00

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| | | | |
|-------------------------------|-------------------------------|-----------------------------|-------------------------------|
| City & State Kissimmee, FL | City & State Kissimmee, FL | 4. FEI Number 59-3619380 | Applied For Not Applicable |
| Zip 34744 | Country | Zip 34744 | Country |

7. Name and Address of Current Registered Agent

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|--|
| Name Trost, Robert D. |
| Street Address (P.O. Box Number is Not Acceptable) 3041 Tindall Acres Rd. |
| City Kissimmee, FL |
| Zip Code 34744 |

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IN THIS SPACE**

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 *Robert D. Trost*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Trost, Robert D. 3041 Tindall Acres Road Kissimmee, FL 34744 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert D. Trost* 4/2/03 407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

25 4/9