

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91603 035 ***150.00

DOCUMENT # P000000045819

1. Entity Name
TROACAH Views, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7217 GULF BLVD #4
Suite, Apt. #, etc.
#4

3. Mailing Address
P.O. Box 66645
Suite, Apt. #, etc.

City & State
ST. PETE BEACH, FL

City & State
ST. PETE BEACH, FL

4. FEI Number
57-3646583

Applied For
Not Applicable

Zip
33706

Country
U.S.

Zip
33706

Country
U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARK ROBICHAUX

Street Address (P.O. Box Number is Not Acceptable)
7217 GULF BLVD #4

City ST. PETE BEACH, FL FL Zip Code 33706

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/30/02
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

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

11. OFFICERS AND DIRECTORS

TITLE MARK ROBICHAUX, PRES.
NAME
STREET ADDRESS 7217 GULF BLVD #4
CITY-ST-ZIP ST. PETE BEACH, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SALLY G. YODER, Sec. / Treas.
NAME
STREET ADDRESS 5555 GULF BLVD #111
CITY-ST-ZIP ST. PETE BEACH, FL 33706

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sally G. Yoder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02 727-363-6634
Date Telephone #

CR2E034B (12/01)