

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90085 025 \*\*\*150.00

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1. Entity Name  
TROY GROUP, INC.

Principal Place of Business  
14180 BEACH BLVD  
JACKSONVILLE FL 32250

Mailing Address  
1531 FRUIT COVE FOREST RD S  
FRUIT COVE FL 32259



2. Principal Place of Business

14180 BEACH BLVD

3. Mailing Address

14180 BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11-12

11-12

City & State

JACKSONVILLE

City & State

JACKSONVILLE

Zip

32250

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3662315

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
STEPHEN H McReynolds  
Street Address (P.O. Box Number is Not Acceptable)  
14180 BEACH BLVD  
City JACKSONVILLE FL Zip Code 32250

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

*Stephen H McReynolds*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
NAME JIMENEZ, FELIX M  
STREET ADDRESS 1531 FRUIT COVE FORREST ROAD SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE *PA*  Change  Addition  
NAME *STEPHEN H McReynolds*  
STREET ADDRESS *14180 BEACH BLVD 11-12*  
CITY-ST-ZIP *JACKSONVILLE FL 32250*

TITLE S  Delete  
NAME JIMENEZ, BOBBIE P  
STREET ADDRESS 1531 FRUIT COVE FORREST ROAD SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE *S*  Change  Addition  
NAME *WANDIA T. McReynolds*  
STREET ADDRESS *14180 BEACH BLVD, 11-12*  
CITY-ST-ZIP *JACKSONVILLE FL 32250*

TITLE T  Delete  
NAME JIMENEZ, MICHAEL T  
STREET ADDRESS 1531 FRUIT COVE FORREST ROAD SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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 607, 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:

*Stephen H McReynolds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)