

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90235 013 ***550.00

DOCUMENT # P00000076131

1. Entity Name
TROVENTURE, INC.

Principal Place of Business

**438 VIRGINIA AVENUE
 ST. CLOUD FL 34769**

Mailing Address

**438 VIRGINIA AVENUE
 ST. CLOUD FL 34769**

2. Principal Place of Business

**7822 W. Irlo Bronson
 Suite, Apt. #, etc. Memorial Hwy.**

3. Mailing Address

**7822 W. Irlo Bronson
 Suite, Apt. #, etc. Memorial Hwy.**

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
34747

Country

US

Zip

34747

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

TRIVER HOLLY

**438 VIRGINIA AVENUE
 ST. CLOUD FL 34769**

7. Name and Address of New Registered Agent

Name **Holly Trover**

Street Address (P.O. Box Number is Not Acceptable)

2884 Blooming Alamanda Loop

City **Kissimmee**

FL

Zip Code
34747

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

Holly L. Trover **Holly L. Trover**

July 11, '01
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address with all filings empowered.

SIGNATURE:

Holly L. Trover **Holly L. Trover**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 11, '01 **407-997-0733** EXT. 114

0103950 AV

CR2E034 (5/01)