2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P00000101052 **DOCUMENT #**

1. Entity Name

TROOPER TRANSPORT, INC.



FILED Mar 03, 2003 8:00 am & Secretary of State

03-03-2003 90489 007 ***150.00

Principal Place of Business 306 MARGIE ST PALM HARBOR FL 34683			306 MA	Mailing Address 306 MARGIE ST PALM HARBOR FL 34683						
2. Principal I	Place of Busi	ness	3. Mailing Address					.	####	
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City 8	3 State		4.	4. FEI Number 59-3687791 Applied For Not Applicable			
Zip Country			Zip	Zip Country			⇒5. Certificate of Status Desired □ \$8.75 Additional Fee Required			
	6. Name	and Address of Curren	t Registered	l Agent		7.	Name and Address of New Registered A	gent		
					Name					
COTO, EI 306 MAR				Street Address			(P.O. Box Number is Not Acceptable)			
	RBOR FL 3	1683	-							
					City		FL	Zip Cod	le	
Āfte	ILE NOW! r May 1, 20	or public name of registered ager !_FEE_IS \$150.00 3 Fee will be \$550.00 9 Florida Department of		cable. (NOTE: R - - محمور حمول باست.	legistered Agent signature rec	quired when n	einstating) 9. Election Campaign Financing Trust Fund Contribution.		00 May Be	
- 10.		OFFICERS ANI	DIRECTOR	is	11.	AE	DDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTO, ED 306 MARC PALM HAI			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS			· 	☐ Delete	TITLE NAME STREET_ADDRESS			☐ Change	Addition	
CITY-ST-ZIP					CITY-ST-ZIP			,		
TITLE NAME STREET ADDRESS		,	•.	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP ,		y		<i>t</i> _	CITY-ST-ZIP		<i>t</i> ,			
TITLE NAME		·	;	Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				. `	STREET ADDRESS CITY-ST-ZIP		·	•		
TITLE		1701		☐ Delete	TITLE			Change	☐ Addition	

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

