

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046441

1. Entity Name

TROUILLE BROTHERS TIMBER COMPANY, INC.

Principal Place of Business

RT 4 BOX 8130
HILLIARD FL 32046

Mailing Address

RT 4 BOX 8130
HILLIARD FL 32046

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

102-1861163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TROUILLE, ALTON

RT 4 BOX 8130

HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Alton Trouille

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	TROUILLE, ALTON	
STREET ADDRESS	RT 4 BOX 8130	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TROUILLE, STEVE D	
STREET ADDRESS	RT 4 BOX 8130	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TROUILLE, TERRY P	
STREET ADDRESS	RT 4 BOX 8130	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28979 Sundberg Road	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28979 Sundberg Road	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28979 Sundberg Road	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alton Trouille

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-02

Date

(904) 845-4473

Daytime Phone #

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-06-2002 90079 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)