

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-27-2002 90077 009 ***150.00

DOCUMENT # P01000097868

1. Entity Name

TROIKA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~4905-34TH ST. #138~~~~4905-34TH ST. #138~~~~ST. PETERSBURG FL 33711~~~~ST. PETERSBURG FL 33711~~**1475 S. Hwy 17****Box 20305****Bartow FL 33830****Sarasota, FL 34276**

2. Principal Place of Business

3. Mailing Address

1475 Hwy. 17 South**Box 20305**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bartow, FL 33830

City & State

Sarasota FL

4. FEI Number

59-3748428

Applied For

Not Applicable

Zip

Country

33830**USA**

Zip

Country

34276**USA**5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMOLKER, STEVEN**4905-34TH ST. #138****ST. PETERSBURG FL 33711**Name **SMOLKER, Steven**

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

6557 Gulf Gate Pl. #171City **Sarasota**

FL

Zip Code **34231**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **SMOLKER, STEVEN**
 STREET ADDRESS ~~4905-34TH ST. #138~~ **6557 Gulf Gate Pl.**
 CITY-ST-ZIP ~~ST. PETERSBURG FL 33711~~ **Sarasota FL 34231**

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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02
 Date

941-914-5450
 Daytime Phone #

CR2E034 (9/01)