## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jun 20, 2003 8:00 am Secretary of State 05-08-2003 90163 033 \*\*\*150.00

DOCUMENT # 1. Entity Name S.O.S. TROJAN, INC.									05-08-200.	3 90163 0	33 ***1	50.00	
Principal Place of Business 3717 N. PINEHILLS ROAD ORLANDO FL 32808				Mailing Address 3717 N. PINEHILLS ROAD ORLANDO FL 32308				55049232					
2. Principal F	Place of Busine		3. Ma	iling Address									
·													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Star	te	City & State					4. F	32-387°	1391	F	pplied For lot Applicable		
Zip	Country		Zip	Zip Coun		itry		5. (	Certificate of Status Desired	П.	8-75 Ad	Iditional	7
	6. Name	and Address of Current	Register	ed Agent		[		7. N	Name and Address of New I		<u> </u>		1
	V-7	· 575 775				Name					·	·	7
MILLER, SOUTH & MILHAUSEN, P.A. ATTN: JEFFREY P. MILHAUSEN, ESQ.						Street Address (			lox Number is Not Acceptabl	e)			┪~
	road, sun	•				<del> </del>							-{
. ,	PARK FL 327								<del></del>				╛
THREE I		City				•	FL	Zip Coo	de	-			
6. The above the obligat	named entity tions of registe	submits this statement for red agent.	r the purp	oose of changing its	register	ed office or	registere	d age	ent, or both, in the State of Fl	orida. I am ta	miliar with,	and accept	],
SIGNATURE	Signature, typed o	r printed name of registered agent	and title II App	picable. (NOTE	: Registere	d Agent signat	ure required w	then re	pinstaling)	DATE			
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	State					}	9. Election Campaign Fir Trust Fund Contribution		\$5.0 Adde	0 May Be d to Fees	
10.	<del></del>	OFFICERS AND	DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIF			DIRECTOR	S IN 11	-{	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ORSOLITS, 3717 N. PII ORLANDO	NEHILLS ROAD		C) Delete	- 6	E Et adoress			1		☐ Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stearns,	JAMES VEHILLS ROAD		☐ Deleta	TITLE NAMI STRE					<del></del> -	Change	☐ Addition	SR2E(
TITLE  NAME ** * * * * * * * * * * * * * * * * *	PD DELISLE, S	TEVEN IEHILLS ROAD		☐ Delete	2		-				Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>	□ Delete			•	•			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						I	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-	t address St-21P	,				Change	Addition	
12. I hereby of indicated of the cor	certify that the i	nformation supplied with or supplemental report is receiver or trustee empo	this filing true and a wered to	does not quality for accurate and that m execute this report a	the exen y signatu is requir	nption state ure shall ha ad by Char	ed in Sect tve the sar oter 607, F	ion 1 me le lorida	19.07(3)(i), Florida Statutes. I egal effect as if made under o a Statutes; and that my name	further certify eth; that I am appears in E	that the in an officer	nformation or director Block 11 if	

SIGNATURE: \_