

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90174 022 \*\*\*150.00

DOCUMENT # P93000026017

1. Entity Name

TROPHY INVESTMENTS, INC.

Principal Place of Business

4412 DELLWOOD LNE  
PANAMA CITY FL 32401  
US

Mailing Address

4412 DELWOOD LNE  
PANAMA CITY FL 32401  
US

2. Principal Place of Business

204 A Ellen Lane

Suite, Apt. #, etc.

3. Mailing Address

204 A Ellen Lane

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32408

Country

City & State

Panama City Beach, FL

Zip

32408

Country

4. FEI Number

59-3179556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAKSTEIN, GARY  
4412 DELWOOD LANE  
PANAMA CITY FL 32408

7. Name and Address of New Registered Agent

Name

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

204 A Ellen Lane

City

Panama City Beach

FL

Zip Code

32408

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's 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	GREEN, HUBERT	
STREET ADDRESS	4412 DELLWOOD LNE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WAKSTEIN, GARY	
STREET ADDRESS	4412 DELLWOOD LN	
CITY-ST-ZIP	PANAMA CITY FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	204 A Ellen Lane	
CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	204 A Ellen Lane	
CITY-ST-ZIP	Panama City Beach, FL 32408	
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		
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:

*GARY WAKSTEIN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-01

Daytime Phone

530-234-6112

CR2E034 (10/00)