FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034865 ✓

1. Entity Name
TROYLONN, INC

10091074

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
901 EAST SAMPLE RD	901 EAST SAMPLE RD	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: POMPANO BEACH	City & State: POMPANO BEACH	4. FEI Number: 65-0488905 ☐ Applied For ☐ Not Applicable
Zip: 33064 Country: USA	Zip: 33064 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DILANNA, JOHN P

Street Address (P.O. Box Number is Not Acceptable):
901 EAST SAMPLE RD

City: CORAL SPRINGS FL Zip Code: 33064

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $580.00
Amended UBR is $61.25
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 NAME: DILANNA, JOHN F STREET ADDRESS: 901 EAST SAMPLE RD CITY-ST-ZIP: POMPANO BEACH, FL 33064		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

(954)7830050

SIGNATURE: John F DiLanna John DILANNA 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone