

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90095 028 ***150.00

DOCUMENT # P95000068325

1. Entity Name
MOUNT DORA TROLLEY, INC.



Principal Place of Business
**100 ALEXANDER ST.
MT DORA FL 32757**

Mailing Address
**340 DOUGLAS DR.
EUSTIS FL 32726**



2. Principal Place of Business
100 Alexander ST.
Suite, Apt. #, etc.

3. Mailing Address
340 Douglas Drive
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MOUNT DORA, FL.
Zip
32757 Country
FLA

City & State
EUSTIS, FL.
Zip
32726 Country
FLA

4. FEI Number
59-3361536

Applied For
Not Applicable

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

SHARD, CINDY - Cindy & Doris SHARD
340 DOUGLAS DRIVE
EUSTIS FL 32726

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Doris V. Shard*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **S SHARD, DORIS**
STREET ADDRESS **340 DOUGLAS DRIVE**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T SHARD, CYNTHIA**
STREET ADDRESS **340 DOUGLAS DRIVE**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris V. Shard* **352-357-9123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **Feb. 01, 2003** Daytime Phone #

CR2E034 (10/02)