2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 18, 2001 8:00 am DOCUMENT # **P95000080311 Secretary of State** TROPHY XCELLERATOR, INCORPORATED 07-18-2001 90261 047 ***150.00 Mailing Address Principal Place of Business 3898 HIGHWAY 4 3898 HIGHWAY T AY FL 32565 JAY FL 32565 2. Principal Place of Business 3. Mailing Address P. N. Bo Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3349184 Not Applicable Q^{Country} Ζiρ Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required and hos 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOTT, MIKE Street Address (P.O. Box Number is Not Acceptable) 3898 HIGHWAY 4 JAY FL 32565 Zip Code City 9. 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. (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-12. 11. CR2E034 (10/00) ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME SCOTT, JOHN D STREET ADDRESS STREET ADDRESS 1094 HIGHWAY 80 WEST CITY-ST-7IP CITY-ST-ZIP **DELHI LA 71232** ☐ Addition ☐ Change ☐ Delete TILE D NAME NAME SCOTT, MIKE STREET ADDRESS STREET ADDRESS 3898 HIGHWAY 4 CITY-ST-7IP CITY-ST-ZIP JAY FL 32565 ☐ Change * ☐ Addition TITLE ☐ Dēleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition mne Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered 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. changed, or on an attachment with an add

NG OFFICER OR DIRECTOR

FILED

Daytime Phone #



May 2, 2001

TROPHY XCELLERATOR, INCORPORATED 3898 HIGHWAY 4 JAY, FL 32565

Subject: TROPHY XCELLERATOR, INCORPORATED

Reference

P95000080311

Number:

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Secretary of State

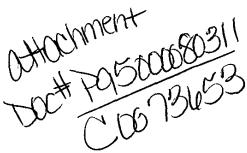
The annual report/uniform business report must be signed by an officer or director of the corporation.

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SB ANNUAL REPORTS SECTION





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 31, 2001

TROPHY XCELLERATOR, INCORPORATED % P.O. BOX 300 JAY, FL 32565-0300

SUBJECT: TROPHY XCELLERATOR, INCORPORATED

Ref. Number: P95000080311

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 488-9000.

Division of Corporations

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Letter Number: 901A00033033

HOCKMENT 80311

Trophy Xcellerator, Inc.
P.O. Box 189

Jay Florida, 32565

July 9, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Gentlemen:

Enclosed is our check for \$150.00 for 2001 Uniform Business Report. This was originally paid on April 23, 2001. Apparently it was returned to us, but to the wrong address and was not received in our office until late June. Since we had no knowledge that this had been filed improperly, please accept our check in the amount of \$150.00 and abate all penalties.

Thank you for your assistance.

Sincerely,

Michael D. Scott

President