

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90261 047 ***150.00

DOCUMENT # P95000080311

1. Entity Name

TROPHY XCELLERATOR, INCORPORATED

Principal Place of Business

Mailing Address

**3898 HIGHWAY 4
 JAY FL 32565**

**3898 HIGHWAY 4
 JAY FL 32565**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3349184

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

**SCOTT, MIKE
 3898 HIGHWAY 4
 JAY FL 32565**

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.

SIGNATURE

Mike Scott
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 SCOTT, JOHN D
 1094 HIGHWAY 80 WEST
 DELHI LA 71232**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D
 SCOTT, MIKE
 3898 HIGHWAY 4
 JAY FL 32565**

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP

☐ Change

☐ Addition

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 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Mike Scott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
Doc # P9500080311
C0073653



850-487-6
245-6069 #2

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 2, 2001

TROPHY XCELLERATOR, INCORPORATED
3898 HIGHWAY 4
JAY, FL 32565

Subject: TROPHY XCELLERATOR, INCORPORATED

Reference Number: P9500080311

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

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

Attachment
Doc# P9500080311
CDB 73653



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: P9500080311

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

Letter Number: 901A00033033

Attachment
Doc# P95000080311
C0073653

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