

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034127

1. Entity Name
TRUTT, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90047 026 ***150.00

Principal Place of Business

21822 US HWY 27
LEESBURG FL 34748

Mailing Address

21822 US HWY 27
LEESBURG FL 34748

2. Principal Place of Business

5505 QUINN VICTORIA DR
Suite, Apt. #, etc.

3. Mailing Address

5505 QUINN VICTORIA DR
Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

LEESBURG FL

4. FEI Number

59-3375268

Applied For

Not Applicable

Zip

34748

Country

USA

Zip

34748

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUTT, LANELL S
21822 US HWY 27
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

PAUL L TRUTT

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

5505 QUINN VICTORIA DR

City

LEESBURG

FL

Zip Code
34748

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 *Paul L Trutt*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-01

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

TITLE P
NAME TRUTT, LANELL S
STREET ADDRESS 21822 US HWY 27
CITY-ST-ZIP LEESBURG FL ☐ Delete

TITLE VP
NAME TRUTT, PAUL L
STREET ADDRESS 21822 US HWY 27
CITY-ST-ZIP LEESBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 *Paul L Trutt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01

360-0060

CR2E034 (10/00)