

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90075 039 \*\*\*150.00

DOCUMENT # P98000017950

1. Entity Name

TROIKA OF TAMPA BAY, INC. ✓

Principal Place of Business

750 STARKEY ROAD  
LARGO FL 34640

Mailing Address

750 STARKEY ROAD  
LARGO FL 34640

2. Principal Place of Business

Suite, Apt. #, etc.

7235 Bryan Dairy Rd

3. Mailing Address

Suite, Apt. #, etc.

7235 Bryan Dairy Rd

City &amp; State

Largo, FL

City &amp; State

Largo, FL

Zip

33777

Country

USA

Zip

33777

Country

USA

4. FEI Number

59-3509826

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSES, MICHAEL J II  
750 STARKEY ROAD  
LARGO FL 34640

7. Name and Address of New Registered Agent

Name

James E. Heenan  
Street Address (P.O. Box Number is Not Acceptable)  
7235 Bryan Dairy Road

City

Largo

FL

Zip Code

33777

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

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

JAMES E. HEENAN

(NOTE: Registered Agent signature required when reinstating)

5/29/02

DATE

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, 2002 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	PSTD	<input type="checkbox"/> Delete
NAME	MOSES, MICHAEL J II	
STREET ADDRESS	750 STARKEY ROAD	
CITY-ST-ZIP	LARGO FL 34640	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James E. Heenan	
STREET ADDRESS	7235 Bryan Dairy Road	
CITY-ST-ZIP	Largo, FL 33777	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Heenan	
STREET ADDRESS	7235 Bryan Dairy Road	
CITY-ST-ZIP	Largo, FL 33777	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois Bosworth	
STREET ADDRESS	7235 Bryan Dairy Rd	
CITY-ST-ZIP	Largo, FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Signature typed or printed name of signing officer or director

JAMES E. HEENAN

4/30/02

Date

727-725-1136

Daytime Phone #

CFR2004 (9/01)