

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90437 014 ***150.00

DOCUMENT #

1. Entity Name
P990000004107

Truitt & Associates, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7523 Aloma Ave.

3. Mailing Address

7523 Aloma Ave.

Suite, Apt. #, etc.

Ste. 205B

Suite, Apt. #, etc.

Ste. 205B

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3552708

Applied For

Not Applicable

Zip

32792

Country

ORANGE

Zip

32792

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

George Truitt

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

7523 Aloma Ave, Ste. 205B

City

Winter Park FL

Zip Code

32792

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
George G. Truitt
7523 Aloma Ave # 205B
Winter Park, FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

George G. Truitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03

Date

(407) 672-1040

Daytime Phone #