

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90260 017 \*\*\*158.75

**DOCUMENT # P99000072686**

1. Entity Name

**TROJAN P, INC.**

Principal Place of Business

1540 NORTHWEST 131ST STREET  
 NORTH MIAMI FL 33167

Mailing Address

1103 35TH STREET  
 WEST PALM BEACH FL 33407

903634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1103 35TH STREET

3. Mailing Address

1103 35TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BCH, FL.

City & State

WEST PALM BCH, FL

4. FEI Number

65-0941338

Applied For

Not Applicable

Zip

33407

Country

PALM BEACH

Zip

33407

Country

PALM BCH.

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

LIOCE, DOMENICK R  
 1645 PALM BEACH LAKES BLVD.  
 SUITE 1200  
 WEST PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	BENTON, MARVIN	
STREET ADDRESS	410 S. ROSEMARY AVENUE, APT. 5	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, Y.A.	
STREET ADDRESS	1540 S.W. 131 STREET	
CITY-ST-ZIP	N. MIAMI FL 33167	
TITLE	P	<input type="checkbox"/> Delete
NAME	PHILLIPS, E.A. SR.	
STREET ADDRESS	110-3 35TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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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:

*E.A. Phillips*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 2001  
 Date

561-906-0551  
 Daytime Phone #

CP2E034 (10/00)