01-21-2003 90600 009 ***150.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 27 AM 10:15

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S21707

1. Entity Name
ELI TROYER MASONRY Inc

DO NOT WRITE IN THIS SPACE

90007543

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7911 Kavanagh Ct.	7911 Kavanagh Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota Florida	City & State: Sarasota Florida
Zip: 34240 Country: USA	Zip: 34240 Country: USA

4. FEI Number: 65-0234833 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ELI TROYER JR
Street Address (P.O. Box Number is Not Acceptable): 7911 Kavanagh Ct.
City: Sarasota FL Zip Code: 34240

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: ELI Troyer Jr DATE: 1-16-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D NAME Eli Troyer-JR STREET ADDRESS 7911 Kavanagh Ct. CITY-ST-ZIP Sarasota, Fl. 34240	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: ELI Troyer Jr 1-16-03 941-377-0272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/4/03 gw