2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

DOCUMENT # \$99061 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name TRR INC. 09-12-2000 90002 004 ***550.00 Principal Place of Business Mailing Address 121 SHERIDAN COURT 121 SHERIDAN COURT LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3097745 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required -7." Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent >= Name ROGENSKI, THOMAS R. Street Address (P.O. Box Number is Not Acceptable) 121 SHERIDAN COURT LONGWOOD FL 32750 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Delete TITLE Change TITLE ROGENSKI, THOMAS R. NAME NAME 121 SHERIDAN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL Delete ☐ Change ☐ Addition TITLE TITLE ROGENSKI, THOMAS R. NAME NAME 121 SHERIDAN COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL TITLE Change - Addition TITLE unthia NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITI F ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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