

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91605 033 ***150.00

DOCUMENT # V55904

1. Entity Name

TRAYNOR, DENNIS & CO.

Principal Place of Business

13825 US HWY. 19
 STE. 403
 HUDSON FL 34667

Mailing Address

13825 US HIGHWAY 19
 STE. 403
 HUDSON FL 34667
 US

2. Principal Place of Business

8505 Longboat LN
 Suite, Apt. #, etc.

3. Mailing Address

8505 Longboat LN
 Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, FL

Zip

34667

Country

Pasco

Zip

34667

Country

Pasco

4. FEI Number

59-3135698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PAUL D HERDLE
 13825 US HWY 19
 STE 403
 HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

Susanne M. Portus

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

8505 Longboat LN

City

Hudson

FL

Zip Code

34667

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

Susanne M. Portus Susanne M. Portus PD

5/26/02

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)

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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.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE SD
 NAME HERDLE PAUL D
 STREET ADDRESS 13825 US HWY 19, STE. 403
 CITY-ST-ZIP HUDSON FL

☒ Delete

TITLE PD
 NAME PORTUS, SUSANNE M
 STREET ADDRESS 13825 US HWY 19 - STE 403
 CITY-ST-ZIP HUDSON FL 34667

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
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 CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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: Susanne M. Portus Susanne M. Portus 5/26/02 (227) 862-2922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)