## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 02, 2001 8:00 am Secretary of State **DOCUMENT # V73246** 1. Entity Name TRONI-TECH, INC. 05-02-2001 90032 016 \*\*\*150.00 Principal Place of Business Mailing Address 7906-2 CLARK MOODY BLVD 7906-2 CLARK MOODY BLVD PORT RICHEY FL 34668 PORT RICHEY FL 34668 966789 2. Principal Place of Business 3. Mailing Address 2912 Sugar Creek Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3145691 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent L. Winkles WINKLES. LONNIE Street Address (P.O. Box Number is Not Acceptable) 7906-2 CLARK MOODY BLVD UNIT D Sugar Creek PORT RICHEY FL 34668 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE TITLE ☐ Delete LONNIE, L WINKLES Sugar Creek Blud. NAME NAME 9200 JASMINE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP **NEW PORT RICHEY FL 34654** CITY-ST-ZIP □ Delete TITLE ELLIS, FRANK R NAME NAME STREET ADDRESS 4210 SHORE LINE DR STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME . ... NAME \_\_ \_\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 changed, or on an attachment with an address

3/30/2001