

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M50000

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: TRIPLE C SOFTWARE, INC.

**Current Principal Place of Business:**

8566 ARROWHEAD DR  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

8566 ARROWHEAD DR  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

FEI Number: 65-0003172      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLAGGETT, CHARLES B  
8566 ARROWHEAD DR  
LAKE WORTH, FL 33467

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVT ( ) Delete  
Name: CLAGGETT, SUSAN L  
Address: 8566 ARROWHEAD DRIVE  
City-St-Zip: LAKE WORTH, FL

Title: DP ( ) Delete  
Name: CLAGGETT, CHARLES B.,  
Address: 8566 ARROWHEAD DR  
City-St-Zip: LAKE WORTH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES B. CLAGGETT

DP

04/28/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date