

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000079703

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: TRIPLE C SOD, INC.

Current Principal Place of Business:

3210 BERMUDA ISLES CIRCLE, #1238
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

3210 BERMUDA ISLES CIRCLE, #1238
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-1034930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, DOUGLAS A
3210 BERMUDA ISLES CIRCLE, #1238
NAPLES, FL 34109

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CARTER, DOUGLAS
Address: 8210 BERMUDA ISLE CIRCLE #1238
City-St-Zip: NAPLES, FL 34109

Title: VP () Delete
Name: CARTER, DIANNE
Address: 537 SE 4TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: S () Delete
Name: CHALLANCIN, ASHLEY
Address: 3210 BERMUDA ISLE CIRCLE #1238
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DOUGLAS CARTER

P

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date