

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90003 031 \*\*\*550.00

**DOCUMENT # P99000056821**

1. Entity Name

**TRIPLE JM CORPORATION**

Principal Place of Business

**4939 ERIN LANE  
 MELBOURNE FL 32940**

Mailing Address

**4939 ERIN LANE  
 MELBOURNE FL 32940**

2. Principal Place of Business

**642 W. EAU GALIE BLVD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MELBOURNE FL**

City & State

Suite, Apt. #, etc.

Zip

**32940**

Country

**USA**

Zip

Country

4. FEI Number

**59-3598403**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KLATT, MICHAEL W  
 4939 ERIN LANE  
 MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **ARNOLD, JACOB J**  
 STREET ADDRESS **224 MOSER ROAD**  
 CITY-ST-ZIP **LOUISVILLE KY**

TITLE **D** ☐ Delete  
 NAME **RENYO, JAMES L**  
 STREET ADDRESS **190 PARADISE BLVD**  
 CITY-ST-ZIP **INDIALANTIC FL**

TITLE **D** ☐ Delete  
 NAME **KLATT, MICHAEL W**  
 STREET ADDRESS **4939 ERIN LANE**  
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** ☐ Delete  
 NAME **COOPER, JAMES P**  
 STREET ADDRESS **1014 N DALEVILLE AVE #42**  
 CITY-ST-ZIP **DALEVILLE AL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **521 BOSUN COURT**  
 CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE:

**SIGNATURE OF JAMES L. RENYO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-01

Date

321-254-0825

Daytime Phone #

CR2E034 (5/01)