## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # J04358** 1. Entity Name TRIPLE "R" CONTRACTORS, INC. 02-05-2001 90092 032 \*\*\*150.00 Principal Place of Business Mailing Address 6310 S.W. 172 AVE 6310 S.W. 172 AVE FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2668460 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name TILLEMAN, JOANNE Street Address (P.O. Box Number is Not Acceptable) 6310 SW 172 AVE. FT. LAUDERDALE FL 33331 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE Delete TITLE ☐ Addition NAME TILLEMAN, RICHARD E. NAME STREET ADDRESS STREET ADDRESS 6310 S.W. 172 AVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TILLEMAN, JOANNE NAME STREET ADDRESS STREET ADDRESS 6310 S.W. 172 AVE CITY-ST-ZIP CITY:ST-ZIP-FT. LAUDERDALE FI Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

RICHARD TILLIEMAN 1/36/01 (954)434-14/

☐ Change

☐ Addition