FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90238 037 ***150.00

DOCUMENT # 464099

1. Entity Name
THE TRIANGLE SHOPPING GUIDE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
32225 HIGHWAY 19A	32225 HIGHWAY 19A
Suite, Apt. #, etc.: P.O. BOX 187	Suite, Apt. #, etc.: P.O. BOX 187
City & State: DADE CITY, FL	City & State: DADE CITY, FL
Zip: 33526-0187 Country: US	Zip: 33526-0187 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1555932 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TABOR, MICHAEL E

Street Address (P.O. Box Number is Not Acceptable): 4645 NORTH HWY 19A

City: MT. DORA FL Zip Code: 32757

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TD
NAME	MATTHEW, WILLIAM L.
STREET ADDRESS	129 BUENA VISTA DR.
CITY-ST-ZIP	DUNEDIN, FL
TITLE	SD
NAME	STORY, CLEMENT III.
STREET ADDRESS	115 W. MAIN ST.
CITY-ST-ZIP	LAFAYETTE LA
TITLE	PD
NAME	TABOR, MICHAEL E.
STREET ADDRESS	4645 NORTH HWY 19A
CITY-ST-ZIP	MT DORA FL
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: William L Matthew WILLIAM L. MATTHEW 4-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #