

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012126
AT

DOCUMENT # **A96000002100**

1. Entity Name
TRIPLE S HOLDINGS, LTD.



FILED
2003 FEB 21 PM 4:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
205 S.W. 1ST STREET
BELLE GLADE FL 33430

Mailing Address
205 S.W. 1ST STREET
BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0714968**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOWICKI, MARK J
14155 U.S. HIGHWAY ONE, SUITE 302
JUNO BEACH FL 33430

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$26,278,293.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000093753**
NAME **THREE SAMS, INC.**
STREET ADDRESS **205 S.W. 1ST STREET**
CITY-ST-ZIP **BELLE GLADE FL 33430**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Steven L. Williams

2/17/03

561-996-6262

Date

Daytime Phone #

CR2E003 (10/02)