

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90095 023 ***150.00

DOCUMENT # G82865

1. Entity Name
TRIPP TILE, INC.

Principal Place of Business
12499 ORANGE BLVD.
WEST PALM BEACH FL 33412

Mailing Address
12499 ORANGE BLVD.
WEST PALM BEACH FL 33412

745678



2. Principal Place of Business *12393 -70 PLACE NO*
 Suite, Apt. #, etc.

3. Mailing Address *12393 -70 PLACE NO.*
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *WEST PALM BEACH, FL*
Zip *33412* **Country** *PAUM BCH*

4. FEI Number **59-2363189** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

TRIPP, STEVE
4810 ROYAL PALM BEACH BLVD
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name
Street Address (or Box Number is Not Acceptable) *12393 -70 PLACE NO.*
City *WEST PALM BEACH FL* **Zip Code** *33412*

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 _____ (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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	PTD <input type="checkbox"/> Delete
NAME	TRIPP, STEVE
STREET ADDRESS	4810 ROYAL PALM BCH BLVD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	SD <input type="checkbox"/> Delete
NAME	MACLEOD, JANET
STREET ADDRESS	4810 ROYAL PLAM BCH BLVD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VP <input type="checkbox"/> Delete
NAME	CHAMIZO, ROBERT
STREET ADDRESS	4810 ROYAL PALM BCH BLVD
CITY-ST-ZIP	ROYAL PALM BCH FL
TITLE	VP <input type="checkbox"/> Delete
NAME	FONG, LUIS
STREET ADDRESS	4810 ROYAL PALM BCH BLVD
CITY-ST-ZIP	ROYAL PALM BCH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>SAME AS ABOVE</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>" " "</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>" " "</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 *(861) 798-5277*
 Date Daytime Phone #

CR2E034 (9/01)