

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J31383**

1. Entity Name

TRIPP & ASSOCIATES, INC.**FILED**
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90009 035 ***158.75

Principal Place of Business

1225 NW AVE L
BELLGLADE FL 33430
US

Mailing Address

1225 N.W. AVENUE L
BELLE GLADE FL 33430-1719
US

2. Principal Place of Business

1225 NW AVENUE L

3. Mailing Address

1225 NW AVENUE L

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

SUITE 103

City & State

BELLE GLADE, FL

City & State

BELLE GLADE, FL

4. FEI Number

65-0395818

Applied For
Not Applicable

Zip

33430

Country

PALM BEACH

Zip

33430

Country

PALM BEACH

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

6. Name and Address of Current Registered Agent

TRIPP, H., LA RUE
1225 N.W. AVE. L
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

Name

-SAME-

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

1225 NW AVENUE L

SUITE 103

City

BELLE GLADE

FL

Zip Code
33430

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TRIPP, H. LARUE	
STREET ADDRESS	1225 N.W. AVE., L	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
NAME		
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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-00

Date

561-996-2301

Daytime Phone #