

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90678 018 \*\*\*150.00

**DOCUMENT # J83780**

1. Entity Name  
**TRIPLE C COMPUTER CONSULTANTS, INC.**

Principal Place of Business

**216 MONTANA AVE  
 NOKOMIS FL 34275  
 US**

Mailing Address

**P.O. BOX 515. N/A  
 NOKOMIS FL 34274  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2826045**

Applied For

Not Applicable

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

**CAMPION, NORMAN J.  
 216 MONTANA, AVENUE  
 NOKOMIS FL 34275**

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
 NAME **CAMPION, NORMAN J.**  
 STREET ADDRESS **216 MONTANA AVENUE**  
 CITY-ST-ZIP **NOKOMIS FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VS** ☐ Delete  
 NAME **CAMPION, KATHLEEN J.**  
 STREET ADDRESS **216 MONTANA AVENUE**  
 CITY-ST-ZIP **NOKOMIS FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**15 May 2002** **941 966-6189**  
 Date Daytime Phone #

CR2E034 (9/01)

Attachment to Doc J 83780 436597

May 16, 2002

To Whom It May Concern:

Last night my husband Norman J. Campion, discovered that his form 2002 Uniform Business Report (UBR) was buried with other paperwork in his inbox. He realized he had not mailed it out. This morning, I called the Dept. of State and explained the situation. Also, that my husband has been in business for over 15 years and has always sent his form & check on time. I offered to pay the \$150 on a VISA to pay it immediately and asked that the \$400 penalty be waived. This is a small business (just my husband) and \$400 is a lot to pay. It was suggested that I write a letter and send the \$150 & form. My husband is out of town today on business, so I'm taking care of this for him as quickly as possible.

Thank you for your consideration in this matter.

Sincerely,

Kathy Campion