

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90004 029 ***158.75

DOCUMENT # L76404

1. Entity Name

TRIPPE & COMPANY, INC.

Principal Place of Business

~~701 BRICKELL KEY BLVD~~
~~STE 800~~
~~MIAMI FL 33131~~
 US

Mailing Address

~~701 BRICKELL KEY BLVD~~
~~STE 800~~
~~MIAMI FL 33131~~
 US

2. Principal Place of Business

60 BEACHSIDE DR.
 Suite, Apt. #, etc.
102

3. Mailing Address

60 BEACHSIDE DR.
 Suite, Apt. #, etc.
102

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32963

Country

USA

Zip

32963

Country

USA

4. FEI Number

65-0204528

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TRIPPE, KENNETH A.B.
~~701 BRICKELL KEY BLVD~~
~~STE 800~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

SAME

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

60 BEACHSIDE DRIVE

SUITE 102

City

VERO BEACH

FL

Zip Code

32963

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 *Kenneth A.B. Trippe*
 Signature, typed or printed name of registered agent and title if applicable.

KENNETH A.B. TRIPPE
 (NOTE: Registered Agent signature required when reinstating)

26 April 2001
 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, 2001 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 **D** ☐ Delete
 NAME **TRIPPE, KENNETH A.B.**
 STREET ADDRESS **SE 800 BRICKELL KEY BLVD**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **60 BEACHSIDE DR**
 CITY-ST-ZIP **VERO BEACH FL 32963**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 *Kenneth A.B. Trippe* **KENNETH A.B. TRIPPE** **26 April 2001** **561 589-9282**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)