

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90037 014 \*\*\*158.75

C9062887



DO NOT WRITE IN THIS SPACE

**DOCUMENT # M60432**

1. Entity Name

**TRIPLE R AUTO BROKERS, INC.**

Principal Place of Business

Mailing Address

6118 GRAND OAKS DR SE  
WINTER HAVEN FL 33884  
US

6118 GRAND OAKS DR SE  
WINTER HAVEN FL 33884-2714  
US

2. Principal Place of Business

3. Mailing Address

**300 N. LAKE LULU DR.**  
Suite, Apt. #, etc.

**300 N. LAKE LULU DR.**  
Suite, Apt. #, etc.

City & State

City & State

**WINTER HAVEN, FL**

**WINTER HAVEN FL**

Zip

Country

**33880**

**USA**

Zip

Country

**33880**

**USA**

4. FEI Number

**65-0034221**

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

**ROSE, LARRY**  
**6118 GRAND OAKS DR SE**  
**WINTER HAVEN FL 33884**

Name

**LARRY ROSE**

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

**300 N. LAKE LULU DR.**

City

**WINTER HAVEN**

**FL**

Zip Code

**33880**

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 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSE, LARRY</b> <b>6118 GRAND OAKS DR SE</b> <b>WINTER HAVEN FL 33884</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSE, LARRY</b> <b>300 N. LAKE LULU DR.</b> <b>WINTER HAVEN, FL 33880</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] LARRY ROSE**

**4-10-00**

**863-295-5656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)