

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 02, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000020694**1. Entity Name  
TRIAD CONSULTANTS NETWORK, INC.Principal Place of Business  
487 GOLDEN ARM ROAD  
DELTONA FL 327388653  
Mailing Address  
487 GOLDEN ARM ROAD  
DELTONA FL 327388653

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**59-3627491**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**HAAS JON S  
487 GOLDEN ARM ROAD  
DELTONA FL 327388653**7. Name and Address of New Registered Agent**Name  
HAAS JON SCLP  
Street Address (P.O. Box Number is Not Acceptable)  
487 GOLDEN ARM ROAD  
City  
DELTONA FL Zip Code  
327388653

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 **JON S. HAAS, CLP****07/02/2001**

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, 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 HAAS LINDA S  
STREET ADDRESS 487 GOLDEN ARM ROAD  
CITY-ST-ZIP DELTONA FL 327388653TITLE D ☐ Delete  
NAME HAAS JON S  
STREET ADDRESS 487 GOLDEN ARM ROAD  
CITY-ST-ZIP DELTONA FL 327388653TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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: Jon S. Haas**

D

07/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)