

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90215 002 ***150.00

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DOCUMENT # P00000035085

1. Entity Name
TRIAD INVESTORS, INC.



Principal Place of Business
**300 SOUTH ORANGE AVE
SUITE 10000
ORLANDO FL 32801-3373**

Mailing Address
**300 SOUTH ORANGE AVE
SUITE 10000
ORLANDO FL 32801-3373**



2. Principal Place of Business
6355 MetroWest Blvd

3. Mailing Address
6355 MetroWest Blvd

Suite, Apt. #, etc.
Suite 330

Suite, Apt. #, etc.
Suite 330

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32835

Country
USA

Zip
32835

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3638585**

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

**WILLARD, JAMES G ESQ
300 SOUTH ORANGE AVE
STE 1000
ORLANDO FL 32801-3373**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRYAN, PAUL F 300 SOUTH ORANGE AVE SUITE 1000 ORLANDO FL 32801-3373	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILLARD, JAMES G 300 SOUTH ORANGE AVE SUITE 1000 ORLANDO FL 32801-3373	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROSSMAN, NANCY A 6355 METRO WEST BLVD SUITE 330 ORLANDO FL 32825	<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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy A. Rossman, VP

2-19-03

407-523-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)