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2002 UNIFORM BUSINESS REPORT (UBR)

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Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P00000097765 1. Entity Name TRIPLE C RESTAURANT CORPORATION 04-30-2002 90187 043 ***150.00 Principal Place of Business Mailing Address 1734 SE PORT STLUCIE BLVD 261 SW NATIVITY TERR PORT-SAINT-LUCIE FL 34952 PORT ST LUCIE FL 34984 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1050015 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6:-Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent COZINE, NICHOLAS C Street Address (P.O. Box Number is Not Acceptable) **261 SW NATIVITY TERR** PORT ST LUCIE FL 34984 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PDST** ☐ Addition TITLE Delete TITLE COZINE, NICHOLAS C NAME NAME STREET ADDRESS **261 SW NATIVITY TERR** STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 34984 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 3. ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 they 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 of trustee embowared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted from an attachment with an address with all other like embowared.