

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90117 031 ***150.00

DOCUMENT # P00000102249

1. Entity Name
TRIPLE-T JAB INC.

Principal Place of Business
**6020 NORTH 37TH STREET
 TAMPA FL 33610**

Mailing Address
**6020 NORTH 37TH STREET
 TAMPA FL 33610**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6020 N. 37th St.
 Suite, Apt. #, etc.

3. Mailing Address
6020 N. 37th St.
 Suite, Apt. #, etc.

City & State
TAMPA, FL.
 Zip
33610

Country

City & State
TAMPA, FL.
 Zip
33610

Country

4. FEI Number **59-3685213**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MYRICK, TSCHARNER
6020 NORTH 37TH STREET
TAMPA FL 33610

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

9/3/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **MYRICK, TIMOTHY**
 STREET ADDRESS **6020 NORTH 37TH STREET**
 CITY-ST-ZIP **TAMPA FL 33610**

TITLE **D** ☐ Delete
 NAME **MYRICK, TSCHARNER**
 STREET ADDRESS **6020 NORTH 37TH STREET**
 CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 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: *Timothy Myrick* **president** **9/3/02 (813) 238-6262**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

September 3, 2002

attachment

P00000102249

Division of Corporation
Uniform Business Report Filings

This note is to inform you that I did not receive the prior notice. This is the first notice that I have received. I am sending in the \$150.00 fee. From reading the instructions on the application and from verbal instructions received via phone, I'm requesting that you waive the late fee.

Thank you,

Timothy C. Myrick

Timothy C. Myrick,

Triple - T JAB, Inc., President

Tscharn E. Myrick

Tscharn E. Myrick

Triple - T JAB, Inc., V.P.