

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90318 028 \*\*\*150.00

0438977 AV

**DOCUMENT # P01000003007**

1. Entity Name

**TRIPLE DIPS, INC.**

Principal Place of Business

**5017 WESLEY DRIVE  
 TAMPA FL 33647**

Mailing Address

**5017 WESLEY DRIVE  
 TAMPA FL 33647**

804222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**27329 S.R. 54 W**

3. Mailing Address

**27329 S.R. 54 W**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WESLEY CHAPEL, FL**

City & State

**WESLEY CHAPEL, FL**

4. FEI Number

**59-3688680**

Applied For

Not Applicable

Zip

**33543**

Country

**USA**

Zip

**33543**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDERMOTT, MICHAEL J  
 791 W. LUMSDEN RD.  
 BRANDON FL 33511**

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.

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BYRNE, DANIEL</b>	
STREET ADDRESS	<b>5017 WESLEY DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BYRNE, DANIEL</b>	
STREET ADDRESS	<b>1247 DEARBORNE DRIVE</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL, FL 33543</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PERNA, RICHARD</b>	
STREET ADDRESS	<b>29635 BIRDSEYE DRIVE</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL, FL 33543</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, DAKE</b>	
STREET ADDRESS	<b>6205 FARTHING STREET</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Daniel A. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

813-979-1094

Daytime Phone #

CR2E034 (9/01)