

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90652 050 \*\*\*150.00

056470  
 AV

**DOCUMENT # P01000003267**

1. Entity Name

**TRIANGLE AEROSPACE CORPORATION**

Principal Place of Business

~~9946 NW 49 TERRACE~~  
~~MIAMI FL 33178~~

Mailing Address

~~9946 NW 49 TERRACE~~  
~~MIAMI FL 33178~~

2. Principal Place of Business

**5 NORTH BEST POINT**

3. Mailing Address

**5 NORTH BEST POINT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**INVERNESS FL**

City & State

**INVERNESS FL**

Zip

**34450-1452**

Country

**US**

Zip

**34450-1452**

Country

**US**

4. FEI Number

**65-1063542**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LUNDELIUS, WALTER D**

~~9946 NW 49 TERRACE~~  
~~MIAMI FL 33178~~

**5 NORTH BEST POINT**  
**INVERNESS FL 34450**

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	PD	<input type="checkbox"/> Delete
NAME	LUNDELIUS, WALTER D SR	
STREET ADDRESS	<del>9946 NW 49 TERRACE</del>	
CITY-ST-ZIP	<del>MIAMI FL 33178</del>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LUNDELIUS, JOAN B	
STREET ADDRESS	<del>9946 NW 49 TERRACE</del>	
CITY-ST-ZIP	<del>MIAMI FL 33178</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5 NORTH BEST POINT</b>	
STREET ADDRESS	<b>INVERNESS FL 34450-1452</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34450-1452</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5 NORTH BEST POINT</b>	
STREET ADDRESS	<b>INVERNESS FL 34450-1452</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34450-1452</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		
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:

*Walter D Lundelius*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/23/02 352-860-2644**

CR2E034 (9/01)