

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90082 004 ***150.00

DOCUMENT # P01000022173

1. Entity Name
TRIPTILE OF CLERMONT, INC.



Principal Place of Business
644 EAST HIGHWAY 50
CLERMONT FL 34712

Mailing Address
644 EAST HIGHWAY 50
CLERMONT FL 34712



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
644 East Highway 50
Suite, Apt. #, etc.

3. Mailing Address
644 E. Highway 50
Suite, Apt. #, etc.

City & State
Clermont Florida
Zip
34711
Country
Large U.S.A.

City & State
Clermont, Florida
Zip
34711
Country
U.S.A.

4. FEI Number
59-3702931

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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]*
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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME PEREZ, JUAN	
STREET ADDRESS 644 EAST HIGHWAY 50	
CITY-ST-ZIP CLERMONT FL 34711	
TITLE VT	<input type="checkbox"/> Delete
NAME COSS, EUNICE	
STREET ADDRESS 644 EAST HIGHWAY 50	
CITY-ST-ZIP CLERMONT FL 34711	
TITLE S	<input type="checkbox"/> Delete
NAME SEPULVEDA, JUANITA	
STREET ADDRESS 644 E. HIGHWAY 50	
CITY-ST-ZIP CLERMONT FL 34711	
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 Eunice Coss	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 644 E. Highway 50	
STREET ADDRESS Clermont, FL 34711	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-03

Date

352-572-0065

Daytime Phone #

CR2E034 (10/02)