

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90334 022 \*\*\*150.00

DOCUMENT # P01000113084

1. Entity Name

TRIPLE S PRODUCTS, INC.

Principal Place of Business

209 FOXTAIL DR #A-2  
GREENACRES FL 33415

Mailing Address

209 FOXTAIL DR #A-2  
GREENACRES FL 33415

2. Principal Place of Business

209 Foxtail Dr.

Suite, Apt. #, etc.

Apt #A-2

City &amp; State

Greenacres, Fla.

Zip

33415

Country

USA.

3. Mailing Address

6342 Forest Hill Blvd.

(PMB #115)

Suite, Apt. #, etc.

6342 Forest Hill Blvd.

City &amp; State

Greenacres, Fla.

Zip

33415

Country

USA.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1156998

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

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

Steve P. Folmer

Steve P. Folmer

3-20-02

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)

# 1

☒

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 NAME ☐ DeletePresident / Owner  
Steve Folmer  
209 Foxtail Dr. Apt. #A-2  
Greenacres, Fla. 33415

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

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TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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:

Steve P. Folmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

Date

AC  
(561) 963-0908

Daytime Phone #

CR2E034 (9/01)