

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90131 019 ***150.00

DOCUMENT # P02000017795

1. Entity Name
SOUTH SHORE TRIANGLE, INC.



Principal Place of Business
**1649-C SUN CITY CENTER PLAZA
SUN CITY CENTER FL 33573-5357**

Mailing Address
**1649-C SUN CITY CENTER PLAZA
SUN CITY CENTER FL 33573-5357**

2. Principal Place of Business

4935 W. SAN RAFAEL ST.

Suite, Apt. #, etc.

3. Mailing Address

4935 W. SAN RAFAEL ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

4935 W. SAN RAFAEL ST.

Zip

33629

Country

USA

Zip

33629

Country

USA

4. FEI Number

04-3600103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MOONEY, LYNN
2024 PEBBLE BEACH BLVD., NORTH
SUN CITY CENTER FL 33573-5177**

7. Name and Address of New Registered Agent

Name

STEVE DENDRINOS

Street Address (P.O. Box Number is Not Acceptable)

4935 W. SAN RAFAEL ST.

City

TAMPA

FL

Zip Code

33629

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, 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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ Delete
NAME **MOONEY, LYNN K**
STREET ADDRESS **2024 PEBBLE BEACH BLVD., NORTH**
CITY-ST-ZIP **SUN CITY CENTER FL 33573-5177**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **STEVE DENDRINOS**
STREET ADDRESS **4935 W. SAN RAFAEL ST.**
CITY-ST-ZIP **TAMPA, FL. 33629**

TITLE **STD** ☐ Change ☒ Addition
NAME **REBECCA DENDRINOS**
STREET ADDRESS **4935 W. SAN RAFAEL ST.**
CITY-ST-ZIP **TAMPA FL. 33629**

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED LYNN MOONEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/03

813-910-0380

CR2E034 (10/02)