

# 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.**

3. Mailing Address  
**4935 W. SAN RAFAEL ST.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA, FL.**

City & State  
**TD. TAMPA FL.**

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**

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**

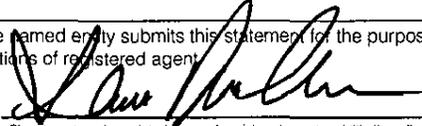
Street Address (P.O. Box Number is Not Acceptable)  
**4935 W. SAN RAFAEL ST.**

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MOONEY, LYNN K 2024 PEBBLE BEACH BLVD., NORTH SUN CITY CENTER FL 33573-5177</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STEVE DENDRINOS 4935 W. SAN RAFAEL ST. TAMPA, FL. 33629</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD REBECCA DENDRINOS 4935 W. SAN RAFAEL ST. TAMPA FL. 33629</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **LYNN MOONEY** **3/26/03** **813-910-0380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)