

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000103294

1. Entity Name

TRIPLE CROWN SPIRIT CORPORATION



Principal Place of Business
800 8TH STREET, PO BOX 2435
WEST PALM BEACH FL 33402

Mailing Address
~~800 8TH STREET, PO BOX 2435~~
WEST PALM BEACH FL 33402

2. Principal Place of Business

3. Mailing Address

P.O. Box 2435

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
West Palm Beach, FL

Zip

Country

Zip

Country

33402

USA

4. FEI Number

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

ROBINSON, THOMAS L
800 8TH STREET, PO BOX 2435
WEST PALM BEACH FL 33402

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FOWLER, JUANITA J	
STREET ADDRESS	PO BOX 2435	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOWLER, MARY A	
STREET ADDRESS	PO BOX 2435	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBINSON, THOMAS L	
STREET ADDRESS	PO BOX 2435	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Thomas L. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 31, 2003

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90168 026 ***158.75



☐ CHECK HERE IF MAKING CHANGES

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CR2E034 (10/02)