

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000110242

FILED  
Apr 22, 2003  
Secretary of State

Entity Name: TRIPLE LD, INC.

**Current Principal Place of Business:**

6205 16TH AVENUE E.  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

6205 16TH AVENUE E.  
PALMETTO, FL 34221

**New Mailing Address:**

FEI Number: 55-0818814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOWLING, JOAN  
6205 16TH AVENUE E.  
PALMETTO, FL 34221

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BOWLING, JOAN  
Address: 6205 16TH AVENUE E.  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN BOWLING

D

04/22/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date