

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90216 020 ***150.00

DOCUMENT # P02000131791

1. Entity Name
TRIPLE H NET ADS INC.



Principal Place of Business
19990 NE 2ND ST.
WILLISTON FL 32696

Mailing Address
19990 NE 2ND ST.
WILLISTON FL 32696

2. Principal Place of Business
16351 N.E. 5TH ST.
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 687
Suite, Apt. #, etc.

City & State
WILLISTON FL

City & State
WILLISTON FL

Zip Country
32696 LEVY

Zip Country
32696 LEVY

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

HARRELL, K. WAYNE
19990 NE 2ND ST. 16351 N.E. 5TH ST.
WILLISTON FL 32696

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	D	<input type="checkbox"/> Delete
NAME	HARRELL, K. WAYNE	
STREET ADDRESS	13990 NE 2ND ST.	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL K. WAYNE	
STREET ADDRESS	16351 N.E. 5TH ST.	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL BOBBY	
STREET ADDRESS	19151 S.E. 21ST PL	
CITY-ST-ZIP	MORRISTON FL 32668	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL WALTER	
STREET ADDRESS	6501 MORNING DOVE DR - APT. 216	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: K. Wayne Harrell HARRELL K. WAYNE HARRELL 4-10-03 352-528-0763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)