

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90193 046 ***150.00

DOCUMENT # P05000029754

1. Entity Name

TRIPLE O ENVIRONMENTAL SERVICES INCORPORATED



Principal Place of Business

2619 N.W. 123RD AVENUE
CORAL SPRINGS FL 33065

Mailing Address

2619 N.W. 123RD AVENUE
CORAL SPRINGS FL 33065

2. Principal Place of Business

9900 W. Sample Road
Suite, Apt. #, etc.
Suite # 300

3. Mailing Address

9900 W. Sample Road
Suite, Apt. #, etc.
Suite # 300

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33065

Country

U.S.A.

Zip

33065

Country

U.S.A.

4. FEI Number

X 27-0116913

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NIPON, MICHAEL B ESQ.
3000 N.E. 30TH PLACE
SUITE 303
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

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, 2006 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 **PD** ☐ Delete
NAME **CHRISTENSEN, HARRY A**
STREET ADDRESS **2619 N.W. 123RD AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VD** ☐ Delete
NAME **NIPON, MICHAEL B**
STREET ADDRESS **4560 N.W. 95TH AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **X**

HARRY A. CHRISTENSEN

3-1-06

(954) 369-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #