

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90196 028 ***558.75

DOCUMENT # P92000005230

1. Entity Name
TRIPP ELECTRIC MOTORS, INC.

Principal Place of Business

1233 NW AVE L
BELLE GLADE FL 33430
US

Mailing Address

P.O. BOX 724
BELLE GLADE FL 33430
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 1059

Belle Glade, Fl

33430

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0373189

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

TRIPP, JIMMY L
1200 NORTHWEST AVENUE L
BELLE GLADE FL 33430

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TRIPP, JIMMY L**
STREET ADDRESS **1233 NORTHWEST AVENUE L**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE **President / Treasurer** ☒ Change ☐ Addition
NAME **Tripp, Jimmy L.**
STREET ADDRESS **(same)**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **TRIPP, ASHLEY T**
STREET ADDRESS **1233 NW AVE L**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE **Vice President / Secretary** ☒ Change ☐ Addition
NAME **Tripp, Ashley T**
STREET ADDRESS **(same)**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02 56-990-3333

Date

Daytime Phone #

CR2E034 (4/02)