

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P94000010832

1. Entity Name
TRIPLE T SOD, INC.

Principal Place of Business

Mailing Address

17428 NW 1ST DR
OKEECHOBEE FL 34974

17428 NW 1ST DR
OKEECHOBEE FL 34974

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0466929**

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

ARKEL, BARBARA
3453 NW 160TH ST
OKEECHOBEE FL 34972

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See instructions on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	DP THOMAS, ROY 17428 NW 1ST DR OKEECHOBEE FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 200004678472--2 -11/14/01--01021--029 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	Secy.-Treasurer Tameia Thomas 17428 NW 1st Drive Okeechobee, FL. 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, I am empowered.

SIGNATURE: _____ 10-16-01 11/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Number

FILED

01 OCT 26 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Barbara Arkel
3453 NW 160th Street
Okeechobee, FL. 34972
863-357-0571
Cell: 863-634-1626

Oct. 17, 2001

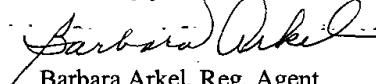
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Subject: Addition of Officer to the Triple T Inc. Corporation # P94000010832

Enclosed please find Copy of 2001 Uniform Business Report noted on top of page Amended, as per your office. Enclosed is check # 9352 in the amount of \$61.25.

Please make additions. Thank you for your corporation. Also the second signature and second date on form is an original.

Sincerely yours,


Barbara Arkel, Reg. Agent

Enclosure