

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90050 028 \*\*\*150.00

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**DOCUMENT # P94000010832**

1. Entity Name  
**TRIPLE T SOD, INC.**

Principal Place of Business

**17428 NW 1ST DR  
 OKEECHOBEE FL 34974**

Mailing Address

**17428 NW 1ST DR  
 OKEECHOBEE FL 34974**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**151 SE 80th AVE  
 Suite, Apt. #, etc.  
 Okeechobee FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0466929**

Applied For

Not Applicable

Zip **34974** Country **Okeechobee**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ARKEL, BARBARA  
 3453 NW 160TH ST  
 OKEECHOBEE FL 34972**

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.

SIGNATURE *Barbara Arkel*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-22-02**

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 \$150.00  
 After May 1, 2002 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

TITLE **DP** ☐ Delete  
 NAME **THOMAS, ROY**  
 STREET ADDRESS **17428 NW 1ST DR**  
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **ST** ☐ Delete  
 NAME **THOMAS, TAMELA**  
 STREET ADDRESS **17428 NW 1ST DR**  
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

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

12. 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

TITLE ☐ Change ☐ Addition  
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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: *Tamela Thomas* **Tamela Thomas** **1-22-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2/12/02