

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91292 023 ***150.00

DOCUMENT # P94000010832

1. Entity Name

TRIPLE T SOD, INC.



DO NOT WRITE IN THIS SPACE

11023689

2. Principal Place of Business
151 SE 80th Avenue
Suite, Apt. #, etc.

3. Mailing Address
151 SE 80th Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Okeechobee, FL

City & State
Okeechobee, FL.

4. FEI Number
65-0466929

Applied For
Not Applicable

Zip 334974 **Country** USA

Zip 34974 **Country** USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Barbara Arkel
Street Address (P.O. Box Number is Not Acceptable)
3453 NW 160th Street

City OKEECHOBEE **FL** **Zip Code** 34972

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 DP
NAME Roy Thomas
STREET ADDRESS 151 SE 80th Avenue
CITY - ST - ZIP Okeechobee, FL. 34974

TITLE ST
NAME Tamela Thomas
STREET ADDRESS 151 SE 80th Avenue
CITY - ST - ZIP Okeechobee, FL. 34974

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Tamela Thomas S.T.* **Tamela Thomas S.T.** **4-23-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-763-8911

CR2E034B (12/02)