

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023930

1. Entity Name
TRIAD MANAGEMENT, INC.

Principal Place of Business
5150 S FLORIDA AVE
SUITE 108-101
LAKELAND FL 33813

Mailing Address
5150 S FLORIDA AVE
SUITE 400-101
LAKELAND FL 33813

06-20-2001 90003-026 ***150.00
P94000023930

FILED

01 JUN 29 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3236084

Applied For
Not Applicable

Zip

Country

Zip

Country

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

STEIN, ROBERT SR.
5150 S FLORIDA AVE
SUITE 108
LAKELAND FL 33813

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

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 \$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 IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEIN, ROBERT N SR
5150 S FLORIDA AVE
LAKELAND FL 33813 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEIN, ANN B
5150 S FLORIDA AVE
LAKELAND FL 33813 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (863) 648-2654

Date

Daytime Phone #

CR2E034 (10/00)

Triad Management, Inc.

5150 South Florida Avenue, Suite 101
Lakeland, Florida 33813
Phone (863) 648-2654

June 27, 2001

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

Re: Triad Management, Inc.
Reference # P9000023930

Gentlemen:

This is in response to your letter dated June 20, 2001 in regards to the above.

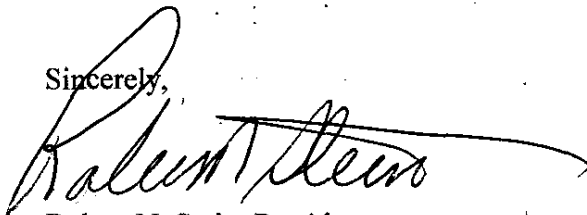
In mid January I underwent multiple heart by-pass surgery and with complications was hospitalized until the middle of February. Because of this and the loss of income resulting from being out for such a long period of time, I was late filing my corporate form.

Triad is a small family corporation and whereas I would like to continue to act as a corporation, I cannot bear the additional expense of this penalty.

If at all possible I request that you give consideration to waving the penalty this year, but if this is not possible, please remit the \$150.00 payment already made to Triad and I will dissolve the corporation.

Your consideration and attention to this matter would be appreciated.

Sincerely,



Robert N. Stein, President