2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005664

1. Entity Name

T.T.T. Enterprises Inc

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 30 PM 1:30

Principal Place of Business	Mailing Address
1312 COMMERCE LANE STE 17B JUPITER FL 33458	1312 COMMERCE LANE STE 17B JUPITER FL 33458

REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
Suite Apt #, etc	1312 Commerce Lane Suite, Apt. #, etc. 3C
City & State	City & State Jupiter, FL
Zip / Country	33458 / U.S.A.

4. FEI Number 65-0553406

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
MALCOLM, NORMAN L 9149 SE MYSTIC AVE JUPITER FL 33458	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: Norman Malcolm Pres 8-27-01

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 B Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MALCOLM, LOIS J 1312 COMMERCE LANE STE 17B JUPITER FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 000004573080--1 -09/06/01--01089--008 ****750.00 ****750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MALCOLM, LOIS 9149 SE MYSTIC COVE HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 000004573080--1 -09/06/01--01089--009 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALCOLM, NORMAN 9149 SE MYSTIC COVE HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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 informatic 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 direc 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4/30/01 561-747-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR