

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #**1. Entity Name **P95000047253****TRIAD ENTERPRISES INC.****FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90190 022 ***150.00

A0017968

DO NOT WRITE IN THIS SPACE

Principal Place of Business
7165 NW 4th. Ave
Boca Raton, FL 33487Mailing Address
7165 NW 4th Ave
Boca Raton, FL 334872. Principal Place of Business
6525 Indian River Blvd.3. Mailing Address
6525 Indian River Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Grant, FL 32949City & State
Grant, FL 329494. FEI Number
65-0591105Applied For
Not ApplicableZip
32949Country
USAZip
32949Country
USA5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****David L. Gendle**
7165 NW 4th. Ave
Boca Raton, FL 33487**7. Name and Address of New Registered Agent**Name
David L. Gendle
Street Address (P.O. Box Number is Not Acceptable)
6525 Indian River Blvd
City
Grant **FL** Zip Code
32949

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 *David L. Gendle* **David L. Gendle** **01/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **David L. Gendle**
STREET ADDRESS **7165 NW 4th Ave.**
CITY-ST-ZIP **Boca Raton, FL 33487**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☒ Change ☐ Addition
NAME **David L. Gendle**
STREET ADDRESS **6525 Indian River Blvd.**
CITY-ST-ZIP **Grant, FL 32949**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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: *David L. Gendle* **David L. Gendle** **1/17/2001** **321-952-8416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)