

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057675

1. Entity Name

TERRY D. TRIPLETT, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90120 011 \*\*\*150.00

Principal Place of Business

1103 53RD COURT SOUTH  
MANGONIA PARK FL 33407

Mailing Address

1103 53RD COURT SOUTH  
MANGONIA PARK FL 33407-2351

2. Principal Place of Business

1103 53rd Ct S  
Suite, Apt. #, etc.  
MANGONIA PARK  
City & State  
FLORIDA

3. Mailing Address

P.O. BOX 17559  
Suite, Apt. #, etc.  
WEST PALM BEACH FL  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0613668

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, RICHARD S ESQ  
1801 FORUM PLACE SUITE 304  
WEST PALM BEACH FL 33401

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

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, 2000 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 PST  
NAME TRIPLETT, TERRY D  
STREET ADDRESS 1103 53RD COURT SOUTH  
CITY-ST-ZIP MANGONIA PARK FL 33407

TITLE SECRETARY  
NAME GERALD H. TRIPLETT  
STREET ADDRESS P.O. BOX 132  
CITY-ST-ZIP SUMMERSVILLE, WV 26651

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

1/19/00 (861) 251-31