

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093507

1. Entity Name  
TREBLE CLEF INC.Principal Place of Business  
1092 BEDFORD AVENUE  
PALM BEACH GARDENS FL 33403Mailing Address  
1092 BEDFORD AVENUE  
PALM BEACH GARDENS FL 334032. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.City & State  
Zip Country4. FEI Number  
65-0648958Applied For  
Not Applicable5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WILCOX, CINDY  
1092 BEDFORD AVENUE  
PALM BEACH GARDENS FL 33403

## 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

Cynthia Wilcox

CYNTHIA C. WILCOX

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, 2002 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 PVSD  Delete  
NAME WILCOX, CINDY  
STREET ADDRESS 1092 BEDFORD AVENUE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33403TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  Change  Addition  
NAME WILCOX, CINDY  
STREET ADDRESS 1092 BEDFORD AVE  
CITY-ST-ZIP PB G, FL. 33403TITLE VICE-PRESIDENT  Change  Addition  
NAME GRACE, B. CLARK  
STREET ADDRESS 3540 Whitehall DR.  
CITY-ST-ZIP WPB, FL. 33401TITLE SHELDON L. CHANDLER  Change  Addition  
NAME  
STREET ADDRESS 3540 Whitehall DR.  
CITY-ST-ZIP WEST Palm B, FL 33401TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
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:

Cynthia Wilcox CYNTHIA C. WILCOX/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

050510 AA

CR2E034 (9/01)