


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90093 043 ***150.00

DOCUMENT # P95000093507

1. Entity Name
TREBLE CLEF INC.



Principal Place of Business
**1092 BEDFORD AVENUE
PALM BEACH GARDENS FL 33403**

Mailing Address
**1092 BEDFORD AVENUE
PALM BEACH GARDENS FL 33403**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0648958**

Applied For
Not Applicable

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

**WILCOX, CINDY
1092 BEDFORD AVENUE
PALM BEACH GARDENS FL 33403**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WILCOX, CINDY**
STREET ADDRESS **1092 BEDFORD AVENUE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33403**

TITLE **P** ☐ Change ☐ Addition
NAME **Wilcox, Cindy**
STREET ADDRESS **8896 Oldham way**
CITY-ST-ZIP **West Palm Bch. FL. 33412**

TITLE **VP** ☐ Delete
NAME **CLARK, GRACE B**
STREET ADDRESS **3540 WHITEHALL DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VP** ☐ Change ☐ Addition
NAME **CLARK, Grace B.**
STREET ADDRESS **1092 Bedford Ave**
CITY-ST-ZIP **Palm Bch Gardens, FL. 33403**

TITLE **D** ☐ Delete
NAME **CHANDLER, SHELDON L**
STREET ADDRESS **3540 WHITEHALL DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ Change ☐ Addition
NAME **CHANDLER Sheldon L.**
STREET ADDRESS **1092 Bedford ave**
CITY-ST-ZIP **Palm Bch Gardens, FL. 33403**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvia E. [Signature]* **1/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment # 90019754
05000093507

To whom it may concern,

2/4/03

Please note changes of
addresses & please send all
correspondence to Bedford Ave
address

Thank you
H. L. Chandler

P.S. The Registered office is still at
1092 Bedford Ave P.B. Cardone FL 33403