

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90450 027 \*\*\*150.00

DOCUMENT # P 96000008238 ✓

1. Entity Name

Triple L And Associates, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3652 PALOMINO RD  
Suite, Apt. #, etc.

3. Mailing Address

3652 PALOMINO RD  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

39-3359729

Applied For

Not Applicable

Zip

Country

32934

Zip

Country

32934

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

KOSTRO, VICTOR S ESQ

Street Address (P.O. Box Number is Not Acceptable)

1825 SOUTH RIVER DR

City

MELBOURNE

FL

Zip Code

32901

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PS  
LA FRANCE LOUIS L  
3652 PALOMINO RD  
MELBOURNE, FL 32934

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VT  
LA FRANCE TOMMY  
1703 CAPE PALOS DR  
MELBOURNE, FL 32935

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Louis L LaFrance  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

LOUIS L LAFRANCE

Date

Daytime Phone #

321-259-6677  
6-18-02

CR2E034B (12/01)

June 18, 2002

Attachment  
Document #  
P96000008238  
60125624

FROM: TRIPLE L & ASSOCIATES INC  
3652 PALOMINO ROAD  
MELBOURNE, FL 32934  
PHONE: 321 259 6677  
FAX 321 254 5377

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O.BOX 1500  
TALLAHASSEE, FL 32302-1500

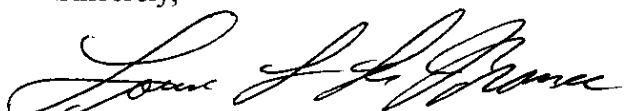
SUBJECT: RE-SUBMITTAL OF PAYMENT

Dear Sir,

In reconciling my checking account with the return of our ending of May statement I have discovered that the check that I sent to you Check #703 dated 15<sup>th</sup> January 2002 has not been returned. Therefore I called your office to see if you have received the check. The person I talked with confirmed that they did not received the payment and recommended I immediately download the form and resubmit a new check. Enclosed you will find the form and a new check for the \$150.00. Check #725.

Please note that I will put a stoppage of payment tommorow on check # 703.

Sincerely,



Louis L LaFrance  
President