CR2E034 (5/01)

Daytime Phone #

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 18, 2001 8:00 am P96000037253 DOCUMENT # **Secretary of State** 1. Entity Name L.H. TRIP & ASSOCIATES, INC. 07-18-2001 90006 005 ***150.00 Mailing Address Principal Place of Business 1080 PARK RIDGE PLACE 1080 PARK RIDGE PLACE MELBOURNE FL 32940 MELBOURNE FL 32940 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3386428 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRIP, LUCIEN H Street Address (P.O. Box Number is Not Acceptable) 1080 PARK RIDGE PLACE **MELBOURNE FL 32940** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition ☐ Delete TITLE TITLE TRIP. LUCIEN H NAME STREET ADDRESS 1080 PARK RIDGE PLACE STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32940** CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not quality 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 the appropriate 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 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 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 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 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 the same legal effect as if made under oath; the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the

A. H. Trip & Associates

1-407-259-7929 • 1-800-809-0574 • FAX 1-407-255-5424

Attenments A POBOXXXXX

July 9,2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

Re; Filing of Document # P96000037253

To whom it may concern;

I filed and paid my filing fees on the 19th of April 2001 by check # 1637. This is the second time in the last seven years that this has happened. When I reconciled my account I noticed that the check had not been cashed. When I mentioned this to my accountant I was told not to worry because things move slow in Tallahassee.

After contacting your office I was instructed by your office (Stacy) to resubmit the filing application with the original filing fee.

Thank you for your assistance.

Sincerely yours:

Lucien H. Trip