2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700058000 1. Entity Name TRIANGLE D PROPERTIES, INC.					Secretary of State 01-29-2002 90061 038 ***150.00			
Principal Place of Business 2231 SEVILLE AVENUE VERO BEACH FL 32960 2. Principal Place of Business		Mailing Address 2231 SEVILLE AVENUE VERO BEACH FL 32960 3. Mailing Address					-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-3457405	⊢	pplied For lot Applicable	
Žip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Ac Fee Require		
	6. Name and Address of Current R	egistered Agent	Nama	7.	Name and Address of New Re	egistered Agent		
2231 SEV	S, DOROTHY TILLE AVENUE		Name Street Address (P.O. Box Number is Not Acceptable)					
VERO BEACH FL 32960			City	FL Zip Code				
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 20 Make Check Payab	!! FEE IS \$150.0 02 Fee will be \$5 ble to Departmen	50.00 t of State	10. Election Campaign Fina Trust Fund Contribution	n. 🗆 Adde	00 May Be ed to Fees	
11. TITLE NAME SEET ADDRESS CITY-ST-ZIP	PTD CHILDERS, KELLY L 2036 79TH AVENUE VERO BEACH FL 32966	IRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	DDITIONS/CHANGES TO OFFI	CERS AND DIRECTOF Change	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC CHILDERS, DOROTHY 2231 SEVILLE AVENUE VERO BEACH FL 32960	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, RICHARD A 2231 SEVILLE AVENUE VERO BEACH FL 32960	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURDIAK, BARBARA 6315 6TH STREET VERO BEACH FL 32968	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		LDICK	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEROY, LISA 1266 4TH LANE VERO BEACH FL 32962	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPEL MATH	EHY	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
indicated of the co	certify that the information supplied with t I on this report or supplemental report is t reporation or the receiver or trustee empow , or on an attachment with an address, wi	rue and accurate and that r vered to execute this report	ny signature shall h	ave the same	e legal effect as if made under c	eath; that I am an office	r or director	

BURDICK SIGNATURE: BULLIA BULLIA BARBARA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/12/0 2 3U-770-6517 Date Daylime Phone #