FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90034 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064984

1. Entity Name

TRIPLE "D" ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3060B NW 23 AVE.	SAME AS BLOCK 2
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: OAKLAND PARK FL	City & State
Zip: 33311 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0774176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DONALD D DIXON

Street Address (P.O. Box Number is Not Acceptable): 7868 NW 71ST WAY

City: PARKLAND FL Zip Code: 33067

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: _____ 4-25-02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) 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 $400.00
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	PRESIDENT DONALD D DIXON 7868 NW 71ST WAY PARKLAND FL 33067
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT DAVE D DIXON 5772 NE 15 AVE. FT LAND FL 33334
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CR2E034B (12/01)

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: _____ (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 484-0879

Date Daytime Phone #