

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90113 003 ***158.75

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DOCUMENT # P97000078562

1. Entity Name
DUOL TRIPLE D ENTERPRISES, INC.



Principal Place of Business
**133 E 21 STREET
RIVIERA BEACH FL 33404**

Mailing Address
**133 E 21 STREET
RIVIERA BEACH FL 33404**



2. Principal Place of Business
2640 SAGINAW
Suite, Apt. #, etc.

3. Mailing Address
2640 SAGINAW
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
W. Palm Beach, FL
City & State
W. Palm Beach, FL
Zip
33409 Country
USA Zip
33409 Country
USA

4. FEI Number **65-0785327** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THACH, DUOL
133 E 21 STREET
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name **THACH, DUOL**
Street Address (P.O. Box Number is Not Acceptable)
2640 SAGINAW
W. Palm Beach, FL 33409
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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/7/03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST THACH, DUOL 133 E 21 STREET RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THACH, DUOL 133 E 21 STREET RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2640 SAGINAW W. Palm Beach, FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/7/03**

Daytime Phone #

CR2E034 (10/02)