

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90014 007 ***150.00

0320487

DOCUMENT # P97000092064

1. Entity Name

TRIPLE TEAM, INC.

Principal Place of Business

**3014 DUNLIN ROAD
DELRAY BEACH FL 33444**

Mailing Address

**3014 DUNLIN ROAD
DELRAY BEACH FL 33444**

2. Principal Place of Business

11467 Manatee Terr.

Suite, Apt. #, etc.

3. Mailing Address

11467 Manatee Terr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

Zip

33467

Country

City & State

Lake Worth, FL

Zip

33467

Country

4. FEI Number

65-0789781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BECK, ARTHUR F
3014 DUNLIN ROAD
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name **Same**

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

11467 Manatee Terr.

City

Lake Worth

FL

Zip Code

33467

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **D/P** ☐ Delete
NAME **BECK, ARHTUR**
STREET ADDRESS **3014 DUNLIN ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **DST** ☐ Delete
NAME **BECK, LYNN**
STREET ADDRESS **3014 DUNLIN ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition
NAME **Beck, Arthur**
STREET ADDRESS **11467 Manatee Terr**
CITY-ST-ZIP **Lake Worth, FL 33467** **Address change only**

TITLE **D/S/T** ☒ Change ☐ Addition
NAME **Beck, Lynn**
STREET ADDRESS **11467 Manatee Terr**
CITY-ST-ZIP **Lake Worth, FL 33467** **Address change only**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn Beck
Lynn Beck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

561-784-9933

Daytime Phone #

CR2E034 (10/00)