

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90032 010 ***150.00

DOCUMENT # P97000108111

1. Entity Name

TRIPLE M CONSULTING INC.

Principal Place of Business

**220 SUNRISE AVE SUITE C
 PALM BEACH FL 33480**

Mailing Address

**220 SUNRISE AVE SUITE C
 PALM BEACH FL 33480**

2. Principal Place of Business

125 WORTH AVE #221

3. Mailing Address

125 WORTH AVE #221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

4. FEI Number

65-0800436

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, MARK M

**220 SUNRISE AVE SUITE C
 PALM BEACH FL 33480**

Name

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

125 WORTH AVE. #221

City

PALM BEACH

FL

Zip Code

33480

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **MURPHY, MARK M**
 STREET ADDRESS **220 SUNRISE AVE SUITE C**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☒ Change ☐ Addition
 NAME **125 WORTH AVE. #221**
 STREET ADDRESS **PALM BEACH, FL 33480**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

Date

561-655-6658

Daytime Phone #

CR2E034 (10/00)