

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000031745**

1. Entity Name
TTT, INC.



FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90004 018 ***150.00

000YJ00J

Principal Place of Business
COLLIER COUNTY, FL

Mailing Address
**P.O. BOX 8312
NAPLES, FL. 34101**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3502271

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIMOTHY P. MALONEY
3830 1ST. AVE. SW
NAPLES, FL. 34117

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

SIGNATURE _____ (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, 2000 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	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	PRESIDENT				
	TIMOTHY P. MALONEY				
	3830 1ST. AVE SW				
	NAPLES, FL. 34117				
	V.P. - SEC.				
	TIMOTHY J. MALONEY				
	3888 PARKVIEW LN.				
	NAPLES, FL. 34103				

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: **TIMOTHY J. MALONEY** **8.14.00** **941-643-4649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
DH#P98UW031745
DU79583

TTT, INC.
P.O. Box 8312
NAPLES, FL 34101

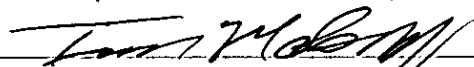
8-14-00

TO WHOM IT MAY CONCERN:

I APOLOGIZE FOR THE LATE
FILING, BUT WE DID NOT
RECEIVE FORM #201-COR PROFIT A/R.

I HAD TO CALL TALLAHASSEE
TO REQUEST A FORM.

VERY TRULY YOURS,



TIM MALONEY V.P. Sec.