

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90703 048 \*\*\*150.00

DOCUMENT # P 98 0000 51378

1. Entity Name  
Triple Entities, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2208 Nevarra Ave</u>		3. Mailing Address <u>2208 Nevarra Ave</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Vero Beach, FL</u>	City & State <u>Vero Beach, FL</u>	City & State <u>Vero Beach, FL</u>	City & State <u>Vero Beach, FL</u>
Zip <u>32960</u>	Country <u>Indian River</u>	Zip <u>32960</u>	Country <u>Indian River</u>

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <u>65-084520</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <u>McHugh, John Jr.</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>333 17th Street</u>	
	Suite <u>U</u>	
	City <u>Vero Beach</u>	FL Zip Code <u>32960</u>

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. <input type="checkbox"/> (See criteria on back)	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$81.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Margaret A Roeka</u> <u>2208 Nevarra Ave</u> <u>Vero Beach, FL 32960</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P.</u> <u>Kenneth E Roeka</u> <u>2208 Nevarra Ave</u> <u>Vero Beach, FL 32960</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Margaret A Roeka 4/3/02 (772) 569-5268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)