

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90392 047 ***258.75

DOCUMENT # P98000058242

1. Entity Name

TRIPLE R TINT, INC.

Principal Place of Business

3099 ALOMA AVE.
 WINTER PARK FL

Mailing Address

3099 ALOMA AVE.
 WINTER PARK FL

2. Principal Place of Business

3099 Aloma Ave Winter Park, FL 32792

Suite, Apt. & etc.

3099 Aloma Ave Winter Park, FL 32792

City & State

Winter Park, FL Winter Park, FL

Zip

32792 Country U.S.A Zip 32792 Country

6. Name and Address of Current Registered Agent

PESAMOSKA, GREGORY W
 1401 EDGEWATER DR., APT. #B
 ORLANDO FL 32804

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4. FEI Number

59-3520903

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Gregory W. Pesamoska

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

1401 Edgewater #B

City

Orlando, FL FL Zip Code 32804

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.

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	PESAMOSKA, GREGORY W	1401 EDGEWATER DR., APT. #B	ORLANDO FL 32804	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
	Same			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
	Same			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
	Same			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
	Same			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
	Same			

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

CR2E034 (9/01)