FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91868 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: TRIANGLE MGMT GROUP, INC
P98000082320

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 514 WHITTINGHAM PL
Suite, Apt. #, etc.
City & State: LK MARY FL
Zip: 32746 Country: SEMINOLE

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

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3534182 | Applied For | Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ROBERT G DAVIS
Street Address (P.O. Box Number is Not Acceptable): 514 WHITTINGHAM PLACE
City: LK MARY FL Zip Code: 32746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P D
NAME	ROBERT G. DAVIS
STREET ADDRESS	514 WHITTINGHAM PL
CITY-ST-ZIP	LK MARY FL 32746
TITLE	VSTD
NAME	JOAN A. DAVIS
STREET ADDRESS	514 WHITTINGHAM PL.
CITY-ST-ZIP	~~LK MARY FL 32746~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/03 407-688-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #