2000 UNIFORM BUSINESS REPORT (UBR)					APPROVED	١	of
DOCUMENT # P9900051355 1. Entity Name TRIAD CONSULTING, INC.					AND	1	,00
					00 AUG 15 AM II: 12		
Principal Place of Business 9800 TOUCHTON RD. STE. 614 JACKSONVILLE FL 32246		Mailing Address 9900 TOUCHTON RD STE. 614 JACKSONVILLE FL 32246			SECRETARY OF STAT TALLAHASSEE, FLORII	E DA	
2. Principal Place of Business 4959 Hunt Valley D. W. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	annu: 11e	City & State F L	Country		FEI Number	No	plied For t Applicable
3225	57 Country VSA	Zip	Country		Certificate of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent HAYMON, JOHN 4420 HAYMON LANE PENNEY FARMS FL 32079				7. Name and Address of New Registered Agent Name Tahn J. Haymon Street Address (P.O. Box Number is Not Acceptable) 8958 Hunt Valley Orive West City Jack San Ville FL Zip Code 7			
8. The above	named entity submits this statement for			registered aç	gent, or both, in the State of Florida.)D	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After SEPTEMBER 13 Make Check Payable			! FEE IS \$550.0 3, 2000 Min. will le to Department	be \$750.00	10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sin J. Hayman 8958 Hunt Valley Orivi Jacksonville, fl	□ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pr Anita 8A58	DOITIONS/CHANGES TO OFFICERS A resident, sales a Marke Haymen Hunt Valles Orive Son ville, FL 32	ting Change West	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		70000336 -08/23/00- ****158.7	□ Change 305 7 -01013 5 <u>*****1</u>	<u>58.75 </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

INTUAS REQUIRED
IGNATURE AND TYPE OF PRINTED NAME OF GRING OFFICER OR DIRECTOR

Delete

8/15/bc

904737-7617

Change

1

☐ Addition

D/C) #504740

To whom it may concern:

Unfortunately, I did not receive my UBR report and I am now being changed 500.00. I changed my husiness advers and the new form was not mailed to me. I am asked that the late fee be waived.

sincerele.

Ih tag