

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90256 030 ***150.00

DOCUMENT # P99000054291

1. Entity Name
TRIPLE GOLD RECORDS, INC.



Principal Place of Business

**3228 AVE J APT 1
RIVIERA BEACH, FL 33404**

Mailing Address

**3228 AVE J APT 1
RIVIERA BEACH, FL 33404**

2. Principal Place of Business

1416 WEST 32ND ST.

Suite, Apt. #, etc.

City & State

RIVIERA BEACH, FL

Zip **33404**

Country

3. Mailing Address

1416 WEST 32ND ST.

Suite, Apt. #, etc.

City & State

RIVIERA BEACH, FL

Zip **33404**

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0932371

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILBERT, ROBERT L

**3228 AVE J APT 1
RIVIERA BEACH, FL 33404**

7. Name and Address of New Registered Agent

Name

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

1416 WEST 32ND STREET

City

RIVIERA BEACH

FL

Zip Code

33404

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-29-03

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GILBERT, ROBERT L**
STREET ADDRESS **3228 AVE J APT 1**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1416 WEST 32ND STREET**
CITY-ST-ZIP

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

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

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 Block 11 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

4-29-03 561-541-9530

Date

Daytime Phone #

CR2E034 (10/02)