2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000056821

Mailing Address

1. Entity Name

TRIPLE JM CORPORATION

Principal Place of Business

SIGNATURE:



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90171 030 ***150.00

32/ 2429280

642 W EAU GALLIE BLVD MELBOURNE FL 32940 US			4939 ERIN LANE MELBOURNE FL 32940							
2. Principal Place of Business			3Mailing.Address			BAISENT TID TRITA FASST ARSIT AN		IN BII BI IBII N. J	iliki itet inet~ ~	, -
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State		4. FEI N	4. FEI Number 59-3598403			Applied For Not Applicable	
Zip Country			Zip	Country	5. Certificate of Status Desired Fee Require					
	6. Name and Add	ress of Current Reg	istered Agent		7. Name and Address of New Registered Agent					
KLATT, MI 4939 ERIN		,		Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code		
the obligat SIGNATURE	named entity submits ions of registered ager Signature, typed or printed nating the NOW!!!. FEE. I. May 1, 2003 Fee was Payable to Florida	me of registered agent and to \$\$150.00		registered office or	re required when reinstatir		DATE	\$5.0	O May Be	
		OFFICERS AND DIF	<u> </u>	11.	I ADDITIO	ONS/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, JACOB 224 MOSER ROAL LOUISVILLE KY	J	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	(00/01/70)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENYO, JAMES L 190 PARADISE BL INDIALANTIC FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3451 SAI MELBOUR	DOLE BROOK DR	UVE	Change	Addition	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLATT, MICHAEL 4939 ERIN LANE MELBOURNE FL 3	W	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, JAMES 521 BOSUN COUR ROCKLEDGE FL 3	P RT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
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indicated of the cor	l on this report or supproporation or the receive	lemental report is truer or trustee empowe	s filing does not qualify fo e and accurate and that i red to execute this report Pall other like empowered	my signature snail r i as required by Cha	ave the same lenal	eneci as il made unuer	uam, mai i ai	n an onice	Of all Color	