

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071562

1. Entity Name

TRIPLE O & D, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90076 044 ***150.00

Principal Place of Business

5 STERLING ST.
JACKSONVILLE FL 32226

Mailing Address

~~5 STERLING ST.~~
~~JACKSONVILLE FL 32226~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 28667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

Country

32226

Country

USA

4. FEI Number

59-3607277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, OTIS JR.
5 STERLING ST.
JACKSONVILLE FL 32226

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, OTIS
CITY-ST-ZIP 8088 SYCAMORE
JACKSONVILLE FL 32226

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D, P
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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:  OTIS WILLIAMS JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/00
Date

904-766-8573
Daytime Phone #

CR2E034 (5/00)

ATTACHMENT

#P99000071562
DW7530

August 7, 2000

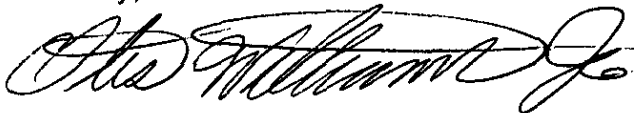
Re: Triple O & D, Inc.
59-3607277
P99000071562

Dear Sir or Madam:

I just recently received your 2000 Uniform Business Report for the first time. Enclosed is a check for the initial filing fee of \$150.00, and I am requesting that the \$400.00 late filing penalty be abated, because I never received the first notice, and this is my first full year as a corporation. Please note I have also changed the mailing address to my post office box so hopefully this problem will not happen next year.

Thank you for your assistance with the matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Otis Williams, Jr.", written in dark ink.

Otis Williams, Jr.
President