

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074516

1. Entity Name

TRIANGLE MANAGEMENT SYSTEMS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90043 011 ***150.00

Principal Place of Business
13902 N DALE MABRY, SUITE 214
TAMPA FL 33618

Mailing Address
13902 N DALE MABRY, SUITE 214
TAMPA FL 33549-5320

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2. Principal Place of Business
3939 Cheval Boulevard
Suite, Apt. #, etc.

3. Mailing Address
3939 Cheval Boulevard
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Lutz, Florida

City & State
Lutz, Florida

4. FEI Number
59-3592712

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

Zip Country
33549

Zip Country
33549

6. Name and Address of Current Registered Agent

CILLO, JOSEPH P
13902 N DALE MABRY, SUITE 214
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name
Joseph P. Cillo

Street Address (P.O. Box Number is Not Acceptable)
3939 Cheval Boulevard

City
Lutz, FL Zip Code
33549

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 Joseph P. Cillo / President 1/12/00
Signature, typed or printed name of registered agent and title if applicable (None: 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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: Joseph P. Cillo 1/12/00 813-909-4533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #