

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074516

1. Entity Name
TRIANGLE MANAGEMENT SYSTEMS, INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90022 038 ***150.00

Principal Place of Business

3939 CHEVAL BLVD
LUTZ FL 33549

Mailing Address

3939 CHEVAL BLVD
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3592712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CILLO, JOSEPH P
3939 CHEVAL BLVD
LUTZ FL 33549

Name

Thomas F. Haverty

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

3939 Cheval Boulevard

City

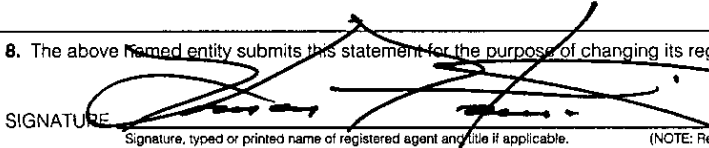
Lutz

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 

(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 \$150.00
After MAY 1, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	CILLO, JOSEPH P	
STREET ADDRESS	3939 CHEVAL BLVD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ASH, BRUCE J	
STREET ADDRESS	3939 CHEVAL BLVD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, STEPHEN	
STREET ADDRESS	3939 CHEVAL BLVD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OWERS, RICHARD M	
STREET ADDRESS	3939 CHEVAL BLVD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	WALCZAK, BOB	
STREET ADDRESS	3939 CHEVAL BLVD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haverty, Thomas F	
STREET ADDRESS	3939 Cheval Boulevard	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	VP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haverty, Lisa	
STREET ADDRESS	3939 Cheval Boulevard	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)