

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0044661 AV

DOCUMENT # P99000100516

1. Entity Name
TRIPLE PLAY OF TALLAHASSEE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 MAY 27 AM 10:45

Principal Place of Business
2910 KERRY FOREST PKWY
UNIT A-7 & A-8
TALLAHASSEE FL 32308

Mailing Address
1800 THOMASVILLE RD.
TALLAHASSEE FL 32303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number 59-3618498

Applied For

Not Applicable

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

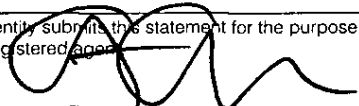
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE SERVICES INC
537 EAST PARK AVENUE
TALLAHASSEE FL 32301

Name SEWERS LAW FIRM P.L.
Street Address (P.O. Box Number is Not Applicable)
537 EAST PARK AVENUE
TALLAHASSEE, FL 32301
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. 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 signature required when reinstating)

DATE

5/28/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GRAY, BRADLEY B
STREET ADDRESS 1800 THOMASVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE D ☐ Delete
NAME CHILDERS, SAMUEL S
STREET ADDRESS 226 E. 6TH AVE.
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400020034204
STREET ADDRESS 05/28/03--01002--025 **2226.25
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-03

Date

523 0001

Daytime Phone #

CR2E034 (10/02)