## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 06, 2001 8:00 am Secretary of State DOCUMENT # **P99000110204** TRIPLE OAKS PAINTING, INC. 03-06-2001 90294 021 \*\*\*150.00 Mailing Address Principal Place of Business 10430 NORTH WISE OWL POINT DRIVE 10430 NORTH WISE OWL POINT DRIVE GUUUUVI **DUNNELLON FL 34434 DUNNELLON FL. 34434** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3614471 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERRY, JADE Street Address (P.O. Box Number is Not Acceptable) 10430 NORTH WISE OWL POINT DRIVE **DUNNELLON FL 34434** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE □ Delete PERRY, JADE A NAME NAME STREET ADDRESS 10430 N WISE OWL PT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL 34434** ☐ Addition ☐ Change TITLE 1.9/SEC ☐ Delete TITLE Wendy LEALVINSTED BOYNES S. KIMBERLY CIRCLE NAME NAME STREET ADDRESS STREET ADDRESS Fleen City, FL 34436 CITY-ST-ZIP CITY-ST-ZIP VIP-04-OPERATIONS Change - Addition TITLE Detete TITLE RICHARD HART SE 10285 N.W GAINSVILLE PL NAME NAME STREET ADDRESS STREET ADDRESS Ocala, FL 34482 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: Michardure and type of Printed Name of Signing Officer on Director Date Date Date Dayline Phone #

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