

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110479

1. Entity Name

TRIPLE FISH AMERICA, INC.

Principal Place of Business

~~399 ENTERPRISE DRIVE~~  
~~UNIT "E"~~  
~~OCOOE FL 34761~~

Mailing Address

~~399 ENTERPRISE DRIVE~~  
~~UNIT "E"~~  
~~OCOOE FL 34761~~

2. Principal Place of Business

822 MARY'S PARK PLACE

3. Mailing Address

mailing  
Same

Suite, Apt. #, etc.

Winter Garden

Suite, Apt. #, etc.

City & State

Florida

City & State

Zip

34787

Country

Dr.

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, GRANT  
399 ENTERPRISE DRIVE  
UNIT "E"  
OCOOE FL 34761

7. Name and Address of New Registered Agent

Name

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

City

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 \$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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, GRANT	
STREET ADDRESS	2619 RANGELEY COURT	
CITY - ST - ZIP	ORLANDO FL 32835	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, KENNETH A	
STREET ADDRESS	5957 CHESAPEAKE PARK	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BURKHARDT, DAVE	
STREET ADDRESS	10590 LAKEHILL DRIVE	
CITY - ST - ZIP	CLERMONT FL 34711	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, VERA	
STREET ADDRESS	5957 CHESAPEAKE PARK	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARY	
STREET ADDRESS	2619 RANGELEY COURT	
CITY - ST - ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *Vera Smith* VERA SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Date

407  
656-2434

Daytime Phone #

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90318 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0433872

CR2E034 (10/00)