

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90121 034 \*\*\*150.00

0479739

**DOCUMENT # P99000110964**

1. Entity Name  
**TRIPLE OO COMPANY**

Principal Place of Business  
**3500 WINDMEADOWS BLVD., #81**  
**GAINESVILLE FL 32607**

Mailing Address  
**539 N MILLS AVE**  
**ORLANDO FL 32803**

**THET**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7116 SW 81st Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7116 SW 81st Dr,**  
 Suite, Apt. #, etc.

City & State  
**Gainesville, FL**

City & State  
**GAINESVILLE, FL**

4. FEI Number **59-3597624**

Applied For  
 Not Applicable

Zip **32608** Country **U.S.A.**

Zip **32608** Country **USA**

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

6. Name and Address of Current Registered Agent

**THET OO, THET**  
**3500 WINDMEADOWS BLVD., #81**  
**GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

Name **THET T. OO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7116 SW 81st Dr,**  
 City **GAINESVILLE** FL Zip Code **32608**

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 **X** **THET T. OO** DATE **04/02/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD THET OO, THET 3500 WINDMEADOWS BLVD., #81 GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUNG OO 7116 SW 81st Dr, GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THET T. OO, 7116 SW 81st Dr, GAINESVILLE FL 32608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUNG OO 7116 SW 81st Dr GAINESVILLE, FL 32608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X** **THET T. OO** DATE **04/02/01** (352) 246-5935  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)