

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/01

FILED

Jun 05, 2000 8:00 am
Secretary of State

05-05-2000 90047 028 ***150.00

DOCUMENT #

1. Entity Name

TRIPLE L CHARTERS INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2010 WATERFORD EST.

3. Mailing Address

P.O. Box 305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NEW SMYRNA BCH.

City & State

City & State

FLA.

NEW SMYRNA BCH. FL

Zip

Country

Zip

Country

32168

USA

32170

USA

6. Name and Address of Current Registered Agent

BURNETT, RANDOM R.
501 N. GRANDVIEW AVE
DAYTONA BEACH, FL.
32118

4. FEI Number

59-3140788

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees☐

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	WILLIAM S. CLOYD	1140 PELICAN BAY DR.	DAYTONA BCH. FL 32119	<input checked="" type="checkbox"/>
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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	SANDRA D. CLOYD	1140 PELICAN BAY DR.	DAYTONA BCH. FL. 32119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
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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:

WILLIAM S. CLOYD - Vice President
WILLIAM S. CLOYD

Date

4/18/00 (904) 423-9900

Daytime Phone #

CR2E034 (9/99)

V62389



yeskey

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 15, 2000

TRIPLE L CHARTERS, INC.
P. O. BOX 305
NEW SMYRNA BCH, FL 32170 US

Subject: **TRIPLE L CHARTERS, INC.**

Reference Number: **V62389**

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SH

ANNUAL REPORTS SECTION

Please find the corrected copy of V62389 Annual Report (Triple L Charters). The "original" which was sent to a non-existing P.O. Box is also enclosed.

*Thank you
James S. Papp*