

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62389

1. Entity Name

TRIPLE L CHARTERS, INC.

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90180 002 \*\*\*150.00

Principal Place of Business

2010 WATERFORD EAST  
NEW SMYRNA BEACH FL 32168  
US

Mailing Address

POB OX 305  
NEW SMYRNA BEACH FL 32170  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3140788**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 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          | P                            | <input checked="" type="checkbox"/> Delete |
| NAME           | LLOYD, WILLIAMS S.           |  |
| STREET ADDRESS | 6168 SHORELINE DR            |  |
| CITY-ST-ZIP    | PORT ORANGE FL               |  |
| TITLE          | V                            | <input type="checkbox"/> Delete            |
| NAME           | LLOYD, ROBERT F.             |  |
| STREET ADDRESS | 120 BEACH STREET WEST        |  |
| CITY-ST-ZIP    | PONCE INLET FL               |  |
| TITLE          | V                            | <input type="checkbox"/> Delete            |
| NAME           | LLOYD, JOHN S.               |  |
| STREET ADDRESS | 2010 WATERFORD ESTATES DRIVE |  |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL 32168    |  |
| TITLE          | ST                           | <input checked="" type="checkbox"/> Delete |
| NAME           | LLOYD, ROBERT F.             |  |
| STREET ADDRESS | 120 BEACH STREET WEST        |  |
| CITY-ST-ZIP    | PONCE INLET FL               |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | PRESIDENT              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ROBERT F. LLOYD        |  |
| STREET ADDRESS | 1140 PELICAN BAY DR.   |  |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32118 |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | ST                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SANDRA O. LLOYD        |  |
| STREET ADDRESS | 1140 PELICAN BAY DR.   |  |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32118 |  |
| 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)