

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90139 048 \*\*\*\*61.25

**DOCUMENT # 722635**

**1. Entity Name**  
**NORTH TRITON ARMS, INC.**



**Principal Place of Business**      **Mailing Address**  
171 N. ATLANTIC AVE      200 N FIRST ST  
COCOA BEACH FL 32931      COCOA BEACH FL 32931  
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** **59-1447782**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
**MORRIS, LAURAJO**  
**200 N FIRST STREET**  
**COCOA BEACH FL 32931**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$61.25**

**9. Election Campaign Financing**       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **TD**       Delete  
**NAME** **MCWHORTER, WILLIAM**  
**STREET ADDRESS** **171 N. ATLANTIC AVE, #38**  
**CITY-ST-ZIP** **COCOA BCH FL**

**TITLE** **PD**       Change       Addition  
**NAME** **FOSTER, SUE**  
**STREET ADDRESS** **34 YAWL DR**  
**CITY-ST-ZIP** **COCOA BEACH FL 32931**

**TITLE** **D**       Delete  
**NAME** **WISEMAN, FRED**  
**STREET ADDRESS** **20 YAWL DRIVE**  
**CITY-ST-ZIP** **COCOA BEACH FL**

**TITLE** **TSD**       Change       Addition  
**NAME** **PENNY, DON**  
**STREET ADDRESS** **171 N ATLANTIC #39**  
**CITY-ST-ZIP** **COCOA BEACH FL 32931**

**TITLE** **PD**       Delete  
**NAME** **HANSEN, WILLIAM**  
**STREET ADDRESS** **20 COUNTRY CLUB LN**  
**CITY-ST-ZIP** **COCOA BCH FL 32931**

**TITLE** **VPD**       Change       Addition  
**NAME** **SALDANA, DAVID**  
**STREET ADDRESS** **PO BOX 321547**  
**CITY-ST-ZIP** **COCOA BEACH FL 32932-1547**

**TITLE** **D**       Delete  
**NAME** **BOOTH, EDWIN**  
**STREET ADDRESS** **171 N ATLANTIC AVE**  
**CITY-ST-ZIP** **COCOA BEACH FL 32931**

**TITLE** **D**       Change       Addition  
**NAME** **HIRKALA, MICHAEL**  
**STREET ADDRESS** **FOWLERHOUSE RD**  
**CITY-ST-ZIP** **WAPPINGERS FALLS NY 12590**

**TITLE**       Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**       Change       Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**       Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**       Change       Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Sue Foster* **REQUIRED** *SUE FOSTER 4-9-03 321-783-1158*

CR2E037 (10/02)