

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 471335

1. Entity Name

THRETON, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90088 011 ***150.00

Principal Place of Business
260 TRISMEN TERRACE
P.O. BOX 873
WINTER PARK FL 32790-0873
US

Mailing Address
260 TRISMEN TERRACE
P.O. BOX 873
WINTER PARK FL 32790-0873
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1675081

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRISMEN, R F
213 WEST COMSTOCK AVE.
WINTER PARK FL 32789

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 _____ (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 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	S	<input type="checkbox"/> Delete
NAME	TRISMEN, RICHARD F	
STREET ADDRESS	260 TRISMEN TERR	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDGERTON, RICHARD	
STREET ADDRESS	234 W 3RD AVE	
CITY-ST-ZIP	MT DORA, FL 00000	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	EDGERTON, MARIE P.	
STREET ADDRESS	234 W 3RD AVE.	
CITY-ST-ZIP	MT DORA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THAYER, CAROL E	
STREET ADDRESS	1639 35TH ST NW	
CITY-ST-ZIP	WASHINGTON, DC 00000	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	TRISMEN, LEILA E	
STREET ADDRESS	260 TRISMEN TERR	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDGERTON, PAGE	
STREET ADDRESS	1510 6TH STREET	
CITY-ST-ZIP	VICTORIA VA	

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
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STREET ADDRESS	
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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: Leila E. Trisimen 4/19/00 407 647-2469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)