

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90086 002 \*\*\*150.00

AV 8996800

**DOCUMENT # 471335**

1. Entity Name

**THRETON, INC.**

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

**1551 Laurel Road**

3. Mailing Address

**1551 Laurel Road**

Suite, Apt. #, etc.

**P.O. Box 873**

Suite, Apt. #, etc.

**P.O. Box 873**

City & State

**Winter Park, FL**

City & State

**Winter Park, FL**

Zip

**32790**

Country

**USA**

Zip

**32790**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1675081**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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, 2002 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

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TRISMEN, RICHARD F</b>	
STREET ADDRESS	<b>260 TRISMEN TERR</b>	
CITY-ST-ZIP	<b>WINTER PARK, FL 00000</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EDGERTON, RICHARD</b>	
STREET ADDRESS	<b>234 W 3RD AVE</b>	
CITY-ST-ZIP	<b>MT. DORA, FL 00000</b>	
TITLE	<b>ASD</b>	<input type="checkbox"/> Delete
NAME	<b>EDGERTON, MARIE P.</b>	
STREET ADDRESS	<b>234 W 3RD AVE.</b>	
CITY-ST-ZIP	<b>MT. DORA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>THAYER, CAROL E</b>	
STREET ADDRESS	<b>1639 35TH ST NW</b>	
CITY-ST-ZIP	<b>WASHINGTON, DC 00000</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>TRISMEN, LEILA E</b>	
STREET ADDRESS	<b>260 TRISMEN TERR</b>	
CITY-ST-ZIP	<b>WINTER PARK, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>EDGERTON, PAGE</b>	
STREET ADDRESS	<b>3021 GROVE AVENUE</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23221-2807</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1551 Laurel Road</b>	
CITY-ST-ZIP	<b>Winter Park, FL 32789</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1551 Laurel Road</b>	
CITY-ST-ZIP	<b>Winter Park, FL 32789</b>	
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. Trismen, Leila E. Trismen, President 4/3/02 407 647-2469**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)