

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90112 005 ***150.00

DOCUMENT # P02000081092

1. Entity Name
TRITON FINANCIAL MANAGEMENT, INC.



Principal Place of Business
**6574 N. STATE RD. 7, #188
COCONUT CREEK FL 33073**

Mailing Address
**6574 N. STATE RD. 7, #188
COCONUT CREEK FL 33073**



2. Principal Place of Business

3. Mailing Address

950-23 BLANDIN BLVD

950-23 Blandin Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

277

277

City & State

City & State

ORANGE PARK FL

Orange Park FL

Zip

Country

Zip

Country

32065

USA

32065

USA

4. FEI Number

56-2285348

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required NO

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTORANO, SALVATORE L
6574 N. STATE RD. 7, #188
COCONUT CREEK FL 33073**

Name

SALVATORE MARTORANO

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

950-23 BLANDIN BLVD

277

City

Orange Park

FL

Zip Code

32065

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

03 MAR 03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MARTORANE, SALVATORE L**
STREET ADDRESS **6574 N. STATE RD. 7, #188**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **PRESIDENT & DIRECTOR** ☒ Change ☐ Addition
NAME **SALVATORE MARTORANO**
STREET ADDRESS **950-23 BLANDIN BLVD #277**
CITY-ST-ZIP **Orange Park FL 32065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 607, 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: **SIGNATURE REQUIRED SALVATORE MARTORANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03 MAR 03 561376 4181

CR2E034 (10/02)