

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

0061697 AV

**DOCUMENT # P94000029315**

1. Entity Name  
**TRITON SPORTS INCORPORATED**

04-15-2002 90022 040 \*\*\*150.00

Principal Place of Business  
**5213 OKEECHOBEE RD  
 FT PIERCE FL 34947**

Mailing Address  
**2042 S.E. ALLAMANDA DR  
 PORT ST LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2042 SE Allamanda DR**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Port St Lucie FL**

City & State

4. FEI Number  
**65-0490198**

Applied For  
 Not Applicable

Zip  
**34952**

Country  
**St Lucie**

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**

**BRYANT, VINCENT C  
 2042 S.E. ALLAMANDA DR  
 PORT ST LUCIE FL 34952**

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, 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**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BRYANT, VINCENT C 2042 S.E. ALLAMANDA DR PORT ST LUCIE FL 34952</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GREGG, LAUREN 3054 OLEANDER DR LAKE PLACID FL 33852</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_ Date **4-3-02** Daytime Phone # **863-441-1068**

CR2E034 (9/01)