

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101506

1. Entity Name

TRITON PRESTIGE PRODUCTS, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90107 036 ***150.00

Principal Place of Business

Mailing Address

3500 SW THISTLEWOOD LANE
PALM CITY FL 34990

3500 SW THISTLEWOOD LANE
PALM CITY FL 34990-7717

2. Principal Place of Business

3090 SW 42nd Ave

3. Mailing Address

3560 Cypress Gardens Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City, FL

City & State

Winter Haven, FL

4. FEI Number

65-0797692

Applied For

Not Applicable

Zip

Country

34990 USA

Zip

Country

33884 USA

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

PERRY, STEVEN L
MCCARTHY, SUMMERS, BOBKO, MCCAY, WOOD
2081 E. OCEAN BLVD., SECOND FLOOR
STUART FL 34996

Name

FRANK Dolney

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

3560 Cypress Gardens Rd.

City

Winter Haven

FL

Zip Code

33884

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]

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, 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	D	<input type="checkbox"/> Delete
NAME	DALFO, CHRISTOPHER L	
STREET ADDRESS	3500 SW THISTLEWOOD LANE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLOMON, MORTON	
STREET ADDRESS	3074 HWY 264	
CITY-ST-ZIP	LITHONIA GA 30058	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BINDEROW, HILBERT	
STREET ADDRESS	3757 BRASSIE WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALFO, CHRISTOPHER L	
STREET ADDRESS	3500 SW THISTLEWOOD LANE	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	Chairman of Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nick Pirsousis	
STREET ADDRESS	3560 Cypress Gardens Rd.	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilbert Binderow	
STREET ADDRESS	3757 Brassie Way	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	V.P. / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Floridino	
STREET ADDRESS	3560 Cypress Gardens Rd.	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	V.P. / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William C. Kaeler	
STREET ADDRESS	3560 Cypress Gardens Rd.	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK Dolney	
STREET ADDRESS	3560 Cypress Gardens Rd.	
CITY-ST-ZIP	Winter Haven, FL 33884	

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:

Christopher L Dalfo, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/2000 (863) 326-1006
Date Daytime Phone #

CR2E034 (9/99)