

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 999000002019

1. Entity Name
Triton Technologies Inc.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90434 006 ***150.00

Principal Place of Business

Mailing Address

00059471

2. Principal Place of Business

3. Mailing Address

P.O. Box 2444
Suite, Apt. #, etc.

P.O. Box 2444
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Windermere

City & State

Windermere

4. FEI Number

59-3504437

Applied For

Not Applicable

Zip

FL

Country

34786

Zip

FL

Country

34786

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

Name

Angela Cannon

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

8236 Wellsmere Circle

City

Orlando

FL

Zip Code

32835

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, 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	<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	<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"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>President</u>
STREET ADDRESS	<u>Kevin Cannon</u>
CITY-ST-ZIP	<u>8236 Wellsmere Circle</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Orlando FL 32835</u>
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
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:

Kevin Cannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/00 407-6724159

Date

Daytime Phone #

CR2E034 (9/99)