

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066732

1. Entity Name

LIL' TRITON, INC.

FILED

00 MAR 23 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

421 JACKSON AVENUE  
LEHIGH ACRES FL 33972

Mailing Address

421 JACKSON AVENUE  
LEHIGH ACRES FL 33972-4415

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

65-0957452

Applied For

Not Applicable

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

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

City

FL

Zip Code

WRIGHT, CHRISTINE F  
1105 CAPE CORAL PARKWAY, EAST  
SUITE C  
CAPE CORAL FL 33904

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 State10. 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 ☐ Delete  
NAME OTTO, PETER  
STREET ADDRESS 421 JACKSON AVENUE  
CITY-ST-ZIP LEHIGH ACRES FL 33972TITLE D ☐ Delete  
NAME DISSIEUX-OTTO, BRIGITTE  
STREET ADDRESS 421 JACKSON AVENUE  
CITY-ST-ZIP LEHIGH ACRES FL 33972TITLE V. ☐ Delete  
NAME DISSIEUX, FABRICE RUTH  
STREET ADDRESS 421 JACKSON AVENUE  
CITY-ST-ZIP LEHIGH ACRES FL 33972TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ Addition  
NAME 900003204529  
STREET ADDRESS -04/11/00--01125--017  
CITY-ST-ZIP \*\*\*150.00 \*\*\*150.00TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER OTTO

1/14/00

Date

(941) 369 7282

Daytime Phone #

CR2E034 (9/99)