

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000066732**Entity Name  
**LIL TRITON, INC.****FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90050 036 \*\*\*150.00

Principal Place of Business  
**421 JACKSON AVENUE  
LEHIGH ACRES FL 33972**Mailing Address  
**421 JACKSON AVENUE  
LEHIGH ACRES FL 33972****AUUBb7323**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0957452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****WRIGHT, CHRISTINE F  
1105 CAPE CORAL PARKWAY, EAST  
SUITE C  
CAPE CORAL FL 33904**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.**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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OTTO, PETER</b>	NAME	
STREET ADDRESS	<b>421 JACKSON AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DISSIEUX-OTTO, BRIGITTE</b>	NAME	
STREET ADDRESS	<b>421 JACKSON AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DISSHEUX, FABRICE RUNT</b>	NAME	<b>DISSIEUX, FABRICE RUTH</b>
STREET ADDRESS	<b>421 JACKSON AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Peter Otto  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/29/01 (941) 369 7282  
Date Daytime Phone #

CR2E034 (10/00)