2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # **P99000096460** TRITON HOME BUILDERS INC. 01-21-2000 90050 020 ***150.00 Principal Place of Business Mailing Address 4014 LOYS DR 4014 LOYS DR. JACKSONVILLE FL 32246 JACKSONVILLE FL 32246-6538 2. Principal Place of Busines 3. Mailing Address -SAME AS Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-36094 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DI GIORGIO, JOE L 4014 LOYS DR. JACKSONVILLE FL 32246 8. The above named tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change JOE DIGIORGIO 4014 LOYS DR DI GIORGIO, JOE L NAME NAME STREET ADDRESS 4014 LOYS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32246 TITLE ☐ Delete TITLE Change Addition DENVIS C GREEN GREEN, DENNIS C NAME NAME 3146 CHAPELWOODLN JACKSONVILLE PL 32216 STREET ADDRESS 3146 CHAPEL WOOD LANE STREET ADDRESS CITY-ST-7IE JACKSONVILLE FL 32216 CITY-ST-ZIP TITLE ☐ Delete 🛣 Addition JAMES REHBERG NAME NAME 345 CLAVDIA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE PC 3221 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 moster amount of the receiver or moster amount of the corporation or the receiver or moster amount of the corporation or the receiver or moster amount of the corporation or the receiver or moster amount of the corporation or the receiver or moster amount of the corporation or the receiver or most of the corporation of the corporation or the receiver or most of the corporation or the receiver or most of the corporation or the receiver or most of the corporation of the corporation or the receiver or most of the corporation of the corporation or the receiver or most of the corporation or the receiver changed, or on an attach ss, with all other like empowered.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: