

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0021446 AV

04-02-2002 90933 003 ***150.00

DOCUMENT # **219046**

1. Entity Name
VARN TRADING COMPANY

Principal Place of Business
601 II RIVERSIDE AVENUE
SUITE 460
JACKSONVILLE FL 32204
US

Mailing Address
645 RIVERSIDE AVE #460
P O BOX 4488 (32201)
JACKSONVILLE FL 32204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

600

City & State

City & State

4. FEI Number

59-0883524

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VARN, GEORGE W
645 RIVERSIDE AVE #460
JACKSONVILLE FL 32204

Name **VARN, GEORGE W.**

Street Address (P.O. Box Number is Not Acceptable)
601 II Riverside Ave., #600

City
Jacksonville

FL

Zip Code
32204

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

GEORGE W. VARN

3/27/02

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, 2002 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 NAME	PD VARN, GEORGE W	<input type="checkbox"/> Delete
STREET ADDRESS	645 RIVERSIDE AVE #460	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	VD VARN JR, LESTER	<input type="checkbox"/> Delete
STREET ADDRESS	645 RIVERSIDE AVE #460	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE NAME	STD VARN JR, GEORGE W	<input type="checkbox"/> Delete
STREET ADDRESS	645 RIVERSIDE AVE #460	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE NAME	ASTD VARN III, WILLIAM L	<input type="checkbox"/> Delete
STREET ADDRESS	645 RIVERSIDE AVE #460	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE NAME	AS VARN, MERRILL	<input type="checkbox"/> Delete
STREET ADDRESS	645 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	AS MADIGAN, EMILY R	<input type="checkbox"/> Delete
STREET ADDRESS	645 RIVERSIDE AVE., #460	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	601 II Riverside Ave. #600
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	601 II Riverside Ave., #600
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	601 II Riverside Ave., #600
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	601 II Riverside Ave., #600
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	601 II Riverside Ave. #600
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	601 II Riverside Ave., #600
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:

George W. Varn

GEORGE W. VARN

3/27/02

904-356-4881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)