

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90002 046 \*\*\*150.00

**DOCUMENT # P94000020503**

1. Entity Name  
**H. C. TRADING COMPANY, INC.**

*R*

Principal Place of Business  
 P O BOX 580  
 GULF BREEZE FL 32562-0580

Mailing Address  
 P O BOX 580  
 GULF BREEZE FL 32562-0580



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*1012 Panferio Dr*

Suite, Apt. #, etc.  
*1012 Panferio*

Suite, Apt. #, etc.

City & State  
*Pensacola Bch FL*

City & State  
*Pensacola Bch FL*

4. FEI Number **59-3226889**

Applied For  
 Not Applicable

Zip *32561*

Country

Zip

*32562*

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

**FRITZ, BLAINE**  
**1012 PERKIN**  
**PENSACOLA BEACH FL 32561**

Name *Fritz Blaine*

Street Address (P.O. Box Number is Not Acceptable)  
*1012 PANFERIO*

City *Pensacola Bch* **FL** Zip Code *32561*

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*7-11-00*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 STREET ADDRESS CITY-ST-ZIP	DPST FRITZ, BLAINE A 1012 PANFERIO DRIVE PENSACOLA FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-11-00*

Date Daytime Phone #

07-21-00

Attachment  
# 994000020503  
0071201



8623 Regency Park Boulevard • Port Richey, Florida 34668  
Tel: (727) 845-7572 • (800) 601-9155 • Fax: (727) 845-5983  
E-mail: vescor@sanctum.com

I do not know what happened but I did not receive the first report. I have always filed them immediately when I have received them in the past. Please remove the additional filings. Your consideration will be greatly appreciated.

Thank you  
*[Signature]*  
07-11-00

Michael V. Addessi, Christine J. McLean and Blaine A. Fritz, Advisory Representatives+  
Rosemary M. Crew and Larry J. Albano, Registered Representatives  
Securities offered through H.D. Vest Investment Securities, Inc., Member SIPC  
Advisory services offered through H.D. Vest Advisory Services, Inc.+