

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90147 006 ***150.00

DOCUMENT # P94000020503

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

Principal Place of Business
1012 PANTERIA DRIVE
GULF BREEZE FL 32561

Mailing Address
1012 PANTERIA DRIVE
GULF BREEZE FL 32561



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1012 Panferio
 Suite, Apt. #, etc.

3. Mailing Address
1012 Panferio Dr
 Suite, Apt. #, etc.

City & State
Pensacola Bch FL
 Zip
32561

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Pensacola Bch FL
 Zip
32561

4. FEI Number **59-3226889**
 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

FRITZ, BLAINE
1012 PANFERJO
PENSACOLA BEACH FL 32561

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	DPST FRITZ, BLAINE A 1012 PANFERIO DRIVE PENSACOLA FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date *1/24/02* Daytime Phone #

CR2E034 (9/01)