

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

10076978

DOCUMENT # P99000066806

1. Entity Name
C-TRADE INC.

05-15-2001 90190 039 ***150.00

Principal Place of Business Mailing Address
1301 GREENWOOD ST. **1301 GREENWOOD ST.**
ORLANDO FL 32801 **ORLANDO FL 32801**

C0066412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
101 N PALM AVENUE **101 N PALM AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
INDIALANTIC, FLORIDA **INDIALANTIC, FL** **59-3507645** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
32801 **Brevard** **32801** **Brevard** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
LATZMER, DAVID Name **LATIMER, DAVID**
1301 GREENWOOD STREET Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32801 **509 Riggan Street**
 City **Lakeland, FL** **FL** Zip Code **33801**

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 *David Latimer* DATE 4/30/01
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. **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 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	D LATIMER, DAVID 1301 GREENWOOD ST. ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATIMER, DAVID 101 N PALM AVE INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: *David Latimer* **DAVID LATIMER** DATE 4/30/01 DAYTIME PHONE # 321-723-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)