

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 14, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 309730**1. Entity Name  
BISCAYA TRADING CO., INC.

## Principal Place of Business

C/O R.J. PACETTI  
2760 US 1 SOUTH  
ST. AUGUSTINE  
32086FL  
US

## Mailing Address

C/O KRISTINE GREEN  
P.O. BOX 32  
MARQUETTE  
53947

WI

## 2. Principal Place of Business

C/O R. J. PACETTI

## 3. Mailing Address

Suite, Apt. #, etc.  
2760 US 1 SOUTH

Suite, Apt. #, etc.

City & State  
ST. AUGUSTINE

FL

City &amp; State

## 4. FEI Number

13-2576971

Applied For

Not Applicable

Zip  
32086Country  
US

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

PACETTI R. J.  
2760 US 1 SOUTHST. AUGUSTINE  
32086

US

FL

## 7. Name and Address of New Registered Agent

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 **04/14/2001**

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, 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

TITLE	V	<input type="checkbox"/> Delete
NAME	WASSONG, JOHN R.	
STREET ADDRESS	1322 S. WABASH, APT. 210	
CITY-ST-ZIP	CHICAGO IL 60605	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	GREEN, KRISTINE S.	
STREET ADDRESS	1322 S. WABASH, APT. 210	
CITY-ST-ZIP	CHICAGO IL 60605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSONG, JOHN R.	
STREET ADDRESS	P.O. BOX 32	
CITY-ST-ZIP	MARQUETTE WI 53947	
TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, KRISTINE S.	
STREET ADDRESS	P.O. BOX 32	
CITY-ST-ZIP	MARQUETTE WI 53947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: KRISTINE S. GREEN**

PRES

04/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)