

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 04, 2001 8:00 am**
Secretary of State

04-04-2001 90497 006 ***150.00

0062227

DOCUMENT # 570760

1. Entity Name

TRADE PRODUCTS, INC.

Principal Place of Business

Mailing Address

**1701 ALDEN RD.
ORLANDO FL 32803****1701 ALDEN RD.
ORLANDO FL 32803****641843**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0762881**

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

**MELLON, JEROME
1791 STANLEY ST.
LONGWOOD FL 32750**Name **CHRISTOPHER MALISKA**Street Address (P.O. Box Number is Not Acceptable)
929 GARDEN DRCity **WINTER PARK****FL**Zip Code
32789

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

(NOTE: Registered Agent signature required when reinstating)

4-2-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Delete
NAME **ACKERMAN, ANITA**
STREET ADDRESS **8113 MEADOWGLEN DR.**
CITY-ST-ZIP **ORLANDO FL 32810-2437**TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **GREGORY ROOT**
STREET ADDRESS **3909 LK DRAWDY DR**
CITY-ST-ZIP **ORLANDO FL 32820**TITLE **V** ☐ Delete
NAME **MALISKA, CHRISTOPHER**
STREET ADDRESS **929 GARDEN DR**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Christopher Maliska*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Maliska

Date

Daytime Phone #

4-2-01 (407) 8983456

CR2E034 (10/00)