

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000108 AT

DOCUMENT # A01000000459

1. Entity Name

JARHEAD TRADING FUND, LTD.

FILED

02 DEC 11 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

480 NORTH ORLANDO AVE., SUITE 200  
WINTER PARK FL 32789

480 NORTH ORLANDO AVE., SUITE 200  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number

☒ 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

PIZZUTI, STEPHEN D

480 NORTH ORLANDO AVE., SUITE 200

WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000094572  
NAME JARHEAD TRADING, INC.  
STREET ADDRESS 480 NORTH ORLANDO AVE., SUITE 200  
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

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11/12/02 01143 013 \*\*1026.25

REINSTATEMENT

*[Signature]*

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (4/02)