## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **F94000004641** May 04, 2000 8:00 am Secretary of State INTERTRADE HOLDINGS, INC. 05-04-2000 90091 005 \*\*\*150.00 Principal Place of Business Mailing Address **HWY 68** COPPERHILL TN 37317 COPPERHILL TN 37317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State · City & State 4. FEI Number Applied For 62-1443114 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE ☐ Delete PIMENTO, GREG NAME STREET ADDRESS 111 GORDON BAKER RD, # STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH YORK ON M2H 3 ☐ Change Addition Detete TIT! E TITLE HEDRICK, JIM NAME NAME STREET ADDRESS STREET ADDRESS **HWY 68** CITY-ST-ZIP CITY-ST-ZIP COPPERHILL TN 37317 Change ☐ Addition ☐ Delete TITLE NAME STERN, TOM NAME STREET ADDRESS STREET ADDRESS 200 N SEVENTH ST CITY-ST-7/P CITY-ST-ZIP **LEBANON PA 17046** Change ☐ Addition ☐ Delete TITLE TUGMAN, LAURIE NAME STREET ADDRESS STREET ADDRESS 111 GORDON BAKER RD, #300 CITY-ST-ZIP CITY-ST-ZIP NORTH YORK ON M2H 3 ☐ Defete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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: