

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90058 003 ***150.00

DOCUMENT # F97000003827

1. Entity Name

SURETRADE INC.

Principal Place of Business

Mailing Address

WASHINGTON HWY
 RI 02865

670 WASHINGTON HWY
 LINCOLN RI 02865-4253

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3950822

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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, 2000 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 | CEOD | <input type="checkbox"/> Delete |
| NAME | QUICK, THOMAS C | |
| STREET ADDRESS | 670 WASHINGTON HWY | |
| CITY-ST-ZIP | LINCOLN RI 02865 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MONTANARO, DONATO | |
| STREET ADDRESS | 670 WASHINGTON HWY | |
| CITY-ST-ZIP | LINCOLN RI 02865 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | QUICK, CHRISTOPHER C | |
| STREET ADDRESS | 670 WASHINGTON HWY | |
| CITY-ST-ZIP | LINCOLN RI 02865 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | QUICK, PETER | |
| STREET ADDRESS | 670 WASHINGTON HWY | |
| CITY-ST-ZIP | LINCOLN RI 02865 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | QUICK, LESLIE C III | |
| STREET ADDRESS | 670 WASHINGTON HWY | |
| CITY-ST-ZIP | LINCOLN RI 02865 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MERCURIO, PASCAL | |
| STREET ADDRESS | 670 WASHINGTON HWY | |
| CITY-ST-ZIP | LINCOLN RI 02865 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/00 (212) 747-5110