

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000283

1. Entity Name

PROTRADER SECURITIES CORPORATION

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90308 043 \*\*\*150.00

Principal Place of Business

504 LAVACA  
SUITE 1000  
AUSTIN TX 78701

Mailing Address

504 LAVACA  
SUITE 1000  
AUSTIN TX 78701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 74-2682842

Applied For

Not Applicable

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

RYAN, MATT  
4830 W. KENNEDY BLVD., #865  
TAMPA FL 33609

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, 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	C	<input checked="" type="checkbox"/> Delete
NAME	GRIGSBY, RUSSELL	
STREET ADDRESS	504 LAVACA, SUITE 1000	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	V	<input type="checkbox"/> Delete
NAME	YOUNG, SHAYNE	
STREET ADDRESS	504 LAVACA, SUITE 1000	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NESMITH, KEVIN	
STREET ADDRESS	504 LAVACA, SUITE 1000	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	DAYLONG, ROSANNE	
STREET ADDRESS	504 LAVACA, SUITE 1000	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J.A. MCENTIRE IV	
STREET ADDRESS	504 LAVACA, STE 1000	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURAIN VAN EMAN	
STREET ADDRESS	504 LAVACA, STE 1000	
CITY-ST-ZIP	AUSTIN TX 78701	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)