2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)									FILED						
DOCU				Jan 16, 2002 8:00 am Secretary of State											
•	S'S TRADING C	OMPANY, INC.						,			-)26 ***1			
Principal Pla).	<u> </u>													
20 BATTERY ASHEVILLE I	VENUE										<u>I</u> I				
2. Principal Place of Business 1 DALE ST. Suite Apt. # etc. Suite Apt. # etc.															
		·	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE									
City & State ASHEVILLE NC			City & State _				4FE	<u>Number</u>	54-16	92420		· +	Applied For Not Applicat	ole	
Zip 2880		SA deress of Current Re	Zip	Coun	try		5. C	ertificate of	Status De	esired		\$8.75 A Fee Requi			
		Name		7. Na	ame and A	ddress o	f New Rec	gistered	Agent		4				
PARTLOW, SHERRY 1901 HIGHWAY A1A						eet Address (P.O. Box Number is Not Acceptable)									
SUITE 4B INDIAN HARBOUR BEACH FL 32937					City FL Zip C						Zip Co	ode	-		
8. The above	e named entity submit	s this statement for th	e purpose of changing its	registere	ed office or	registere	ed age	nt, or both,	in the Sta	te of Florid	da.			_	
SIGNATURE		name of registered agent and	title if applicable. (NOTE	Registered	l Agent signatu	re required	when rein	stating)			DATE		· C .		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After May 1, 200 Make Check Payable					will be \$5	50.00	e	10. Elect Trust	ion Camp Fund Cor		icing		00 May Be		
11.		OFFICERS AND DIF	RECTORS	12.			ADD	ITIONS/CI	HANGES	TO OFFICI	ERS AND	DIRECTO	RS IN 11	\dashv	
TITLE	PD		☐ Delete	☐ Delete TITLE		Pres		11,1	, <i>D</i>			Change		n {	
NAME STREET ADDRESS CITY-ST-ZIP	BERRY, HOLLY FLAT IRON BLDG ASHEVILLE NC 2	/ PARK AVE			Ber	ry, ALE HEV	At, T Holly ST. ILLE,	NC	2880	06			005034 (0)		
title Name Street address	VS Delete PARTLOW, SHERRY 1901 HWY A1A, STE B		NAME	TITLE V, 5 NAME PAR STREET ADDRESS 190			W, SH IGHW H	ERRY	1A,51	E 43	Change	☐ Additio	in §		
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937				ST-ZÍP	INDI	AN	HARB	our p	EACH	FL	32937	7		
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NAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY-	T ADDRESS . ST-ZIP										
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STREET ADDRESS	49			STREE	T ADDRESS ST-ZIP										
			s filing does not qualify for t	he exem	ption state	d in Sec	tion 11	9.07(3)(i), f	Florida Sta	atutes. I fui	rther cert	ify that the	information	\dashv	

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.