## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G75779

1. Entity Name

New Trading & Consulting Company, Inc.



## FILED Apr 13, 2004 8:00 am Secretary of State

04-13-2004 90020 015 \*\*\*150.00

DO NOT WRITE IN THIS SPACE 44028271 2. Principal Place of Business 3. Mailing Address 2519 Riverside Ave. 2519 Riverside Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2349059 Applied For City & State Jacksonville, FL City & State Jacksonville, FL Not Applicable Country USA Country USA Zip 32204 \$8.75 Additional 5. Certificate of Status Desired 32204 Fee Required 7. Name and Address of Current Registered Agent Geiger, Allan T. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1301 Kiverplace Blvd., Suite 1500 IN THIS SPACE <sup>Zi</sup>3 2207 Jacksonville 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. (NOTE: Registered Agent signature required when reinstating January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 🚕 President Nash, E. William Jr 505 Lancaster Street Apt. 7 A/B NAME NAME . STREET ADDRESS STREET ODRESS nJacksonville?2FL 32204 CITY-ST-Zip SC CITY-ST-ZIP ITLE TITLE Secretary NAME NAME Nash, Frances J. STREET ADDRESS STREET ADDRESS 505 Lancaster Street, Apt. 7 A/B CITY-ST-ZIP CITY-ST-7IP Jacksonville, FL 32204 TITLE TITLE-NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not availify 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 recoil or thus see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-8-04

904 389-2731

Daytime Phone #