2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OR

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## FILED Feb 15, 2001 8:00 am **DOCUMENT # H59602 Secretary of State** 1. Entity Name NEW BOMBAY TRADING CO. 02-15-2001 90006 008 \*\*\*150.00 Principal Place of Business Mailing Address 2020 WILD ACRES RD UNIT D 7622 PARTRIDGE ST CIR LARGO FL 34641 **BRADENTON FL 34202** บร 2. Principal Place of Business 3. Mailing Address ZOZO WILD ACCES Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-2613641 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES, ROSS W. Street Address 8334 121ST AVENUE NORTH LARGO FL 83548 33713 City L ARGO 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change : ☐ Addition JAMES, ROSS W. NAME NAME 8334 121ST AVE N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LARGO FL 34643** CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Addition JAMES, ILZE V. NAME NAME STREET ADDRESS 8334 121ST AVE N. STREET ADDRESS Z1P. CITY-ST-ZIP LARGO FL 34643 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition JAMES, MATTHEW V. NAME NAME 8334 121ST AVE N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 34643 ☐ Delete TITLE TITLE Change Addition GUIDA, KARIN C NAME NAME STREET ADDRESS 7622 PARTRIDGE ST CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS 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 nustee 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.

DIRECTOR

02.02.200