

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91784 037 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J16425			
1. Entity Name MON PLAISIR TRADING CO., INC.			
Principal Place of Business 172 N INDUSTRIAL DR ORANGE CITY, FL 32763 US		Mailing Address 172 N INDUSTRIAL DR ORANGE CITY, FL 32763 US	
2. Principal Place of Business <i>Orange City</i> Suite, Apt. #, etc.		3. Mailing Address <i>Same AS ABOVE</i> Suite, Apt. #, etc.	
City & State <i>32763</i>		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-2681868		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMILDT, JOHANNES CRK 172 N INDUSTRIAL DR ORANGE CITY, FL 32763		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent Signature is Required when additional)			
9. Election Campaign Financing Trust Fund Contribution, ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEMILDT, JOHANNES C.R.K. 1900 SNOCK DRIVE DELTONA, FL 32725 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DEMILDT, JOHANNES 172 N INDUSTRIAL DR ORANGE CITY, FL 32763 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMILDT, JANICE 172 N INDUSTRIAL DR ORANGE CITY, FL 32763 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: <i>4/30/03</i> 386-775-4212	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CRZE004 (10/02)