

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009896

1. Entity Name

SPEEDTRADER ONLINE.COM LLC

Principal Place of Business

915 SEMORAN BLVD
CASSELBERRY FL 32707

Mailing Address

915 SEMORAN BLVD
CASSELBERRY FL 32707

2. Principal Place of Business

505 Maitland Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Altamonte Springs FL

Zip

32701

Country

USA

3. Mailing Address

505 Maitland Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Altamonte Springs FL

Zip

32701

Country

USA

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90002 024 ****50.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3666101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Mansori, Zubair S

Street Address (P.O. Box Number is Not Acceptable)

505 Maitland Avenue

Suite 206

City

Altamonte Springs FL

Zip Code

32701

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

MANSORI, ZUBAIR S

915 SEMORAN BLVD

CASSELBERRY FL 32707

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mansori, Zubair S

505 Maitland Avenue, Suite 206

Altamonte Springs FL 32701

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:

SIGNATURE REMOVED

Date

Daytime Phone #

1/10/02

407-331-3122

0027342

CR2ENR3 (9/01)