2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000014105 1. Entity Name SECURITIES DIRECT TRADING, LLC.							e ve Araba				3177
							FILED				
Principal Place of Business . Mailing Address								2001 APR 30 PM 1:53			
307 N. PARK AVE. 307 N. PARK AVE.							i			!	
WINTER PAR	RK FL 32789	W	NTER PARK FL 32789					DIVISION OF CORPORTALLAHASSEE, FL	ORIDA		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number			 	
Zip Country			Zip Coun						ot Applicable	<u>}</u>	
6. Name and Address of Current			Bouletored Agent				Certificate of Status Desired				4
	o. Name and Address of C	zunent negiste	Neo Agent		Name	•	7. Nam	e and Address of New Registered	Agent	i	1
ROOKS JR, MILTON P					Street Address (P.O. Box Number is Not Acceptable)						
307 N PARK AVE. WINTER PARK FL 32789											1
WINTER	1 AIII 1 E 32103				City			F	Zip Cod	e :	-
8. The above	named entity submits this state	ment for the pu	rpose of changing its	egister	ed office	or registere	ed agent,		_	. !	\dashv
										ŀ	
SIGNATURE	\$ gnature, typed or printed name of registe	red agent and title if a	pplicable. (NOTE	Registere	d Agent sign	nature required	when reinstati	ing) DATE	L STORY		
			FILE NO	1 " 1/		-		-05/30/01	01099		
			Make Check Pay	able t	o Depai	rtment of	State	****100.00	米米米米米	5Ս.ՄՄ	
9.	1	MEMBERS/ME		10.		`		ADDITIONS/CHANGE			1
TITLE NAME	Milton P. Rooks		☐ Delete	TITLE			•		☐ Change	Addition	11/0
STREET ADDRESS CITY-ST-ZIP	307 N. Park ;	4.e.	0 9		et address -st-zip	s		·		+	E083 (11/00)
	Winter Park F	· C . SE!	· Delete	TITLE		+		<u> </u>	☐ Change	Addition	N
NAME	Russell Pierc	je.		NAM						:	
STREET ADDRESS CITY-ST-ZIP	Member Russell Pierc 307 N. Park A Wisten Park	FL.	32789		ET ADDRESS - St- Zip	`				1	
HILE	· · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE		,			☐ Change	Addition	1
NAME STREET ADDRESS				NAMI STRE	E et addres s					i	
CITY-ST-ZIP				CITY	-ST-ZIP	<u> </u>					
title Name			☐ Delete	TITLE					☐ Change	☐ Addition	
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TITLE NAME			☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS				NAME STREE	: E t addres s			1.	U	. 1	
CITY-ST-ZIP					ST-ZIP			7			
11. I hereby c	ertify that the information supplied this report is true and accura	ed with this filing	g does not qualify for t	ne exer	nption sta	ated in Sec	tion 119.0	07(3)(i), Florida Statutes. I further ce	rtify that the in	formation]
limited liab	oility company or the receiver or	trustee empow	ered to execute this re	port as	required	by Chapte	r 608, Flo	rida Statutes.	or or manage:	JI III I	-

SIGNATURE:

Date

Daytime Phone #