2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000010088							FILED Mar 28, 2002 8:00 an Secretary of State			
1. Entity Nar	me	RADING FINANCIAL					02-05-2002 90071			
DEGE 1	WIEII II	MONTO I INNIVIAL	. GNOOF, ELO							
Principal Place of Business 341 N MAITLAND AVENUE. SUITE 120 MAITLAND FL 32751			Mailing Address  341 N MAITLAND AVENUE. SUITE 120 MAITLAND FL 32751				~~\~\~\~\~\~\ 1:	8 0 3	8	
2. Principal Place of Business 1415 West Way Drive			3. Mailing Address PO Box 25415			7				
Suite, Apt.			Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SI	PACE		
City & Stat		lorida	City & State Sarasota, 1	Flori	.da	4. FEI	Number Tot applicable	: ) A	applied For lot Applicable	
Zip 34246	- <u></u>	Country Sarasota	Zlp 34227		asota	5. Cert	ificate of Status Desired 🗀 🔻	5.00 Ad	lditional	
	6. Name	and Address of Current	t Registered Agent	_l		7. Nam	e and Address of New Registered A			
KAT	KATZ, LAWRENCE H 341 N MAITI AND AVENUE SLUTE 120				Name Street Address					
341 N MAITLAND AVENUE, SUITE 120 MAITLAND FL 32751							Number is Not Acceptable)			
med	III FL	32/31			-			1		
The above named entity submits this statement for the purpose of changing its re					City FL Zip Code				le 	
8. The above	named entity	y submits this statement fo	or the purpose of changing it	s registere	ed office or regi	stered agent,	or both, in the State of Florida.			
SIGNATURE _	Signature typed	triggs benefatiges to errain befring to	and title if Applicable (NO	Tr. One interes	Agent signature req	·	ing) DATE			
			Make Check Po	ayable t	EE IS \$50.0 Department by 1, 2002					
9. TITLE	Managi	MANAGING MEMBE		10.			ADDITIONS/CHANGES			
NAME Street address	Robert K. Coyne, as Trustee 1415 West Way Drive Sarasota, Florida 34246			NAME STREE			·	Change	☐ Addition :	
TITLE NAME STREET ADDRESS			· Delete	1	T ADDRESS		[	Change	Addition	
CITY-ST-ZIP FITLE NAME STREET ADDRESS-			☐ Oalete	TITLE NAME	ST-ZIP T ADDRESS			Change	Addition	
CITY-ST-ZIP					ST-ZIP					
TITLE VAME STREET ADDRESS CITY-ST-ZIP		·	Delete -	1	T ADDRESS	· · · · · · · · · · · · · · · · · · ·	C	Change _	Addition _	
TTLE NAME STREET ADDRESS			☐ Delete	TITLE NAME	<del>-  -</del>		Ĺ	Change	Addition	
CITY-ST-ZIP			☐ Delete	TITLE	ST-ZIP			] Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			· .	CITY-S						
1. I hereby ce	ertify that the	information supplied with	this filing does not qualify for that my signature shall have empowered to execute this	the exem	ption stated in	Section 119.0	7(3)(i), Florida Statutes. I further certify	that the in	formation	