

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90092 016 ***150.00

A0029698

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000061732**1. Entity Name**

Trade International, Inc. ✓

Principal Place of Business**Mailing Address**220 Benson Jct. Rd.
DE BARY, FL. 32713**2. Principal Place of Business****3. Mailing Address**

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3673258

☒ Applied For☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired☐**\$8.75 Additional**

- Fee Required -

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**Thomas R. Reed
1148 Collins Ave.
Orange City, FL 32663

Name

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

N/A

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.**SIGNATURE**

Thomas R. Reed Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

March 1, 2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE: Pres. secy. ☐ Delete
NAME: Thomas R. Reed
STREET ADDRESS: 1148 Collins Ave.
CITY-ST-ZIP: Orange City, FL 32763TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: V. Pres + Treas. ☐ Delete
NAME: KARL MEC
STREET ADDRESS: 220 Benson Jct. Rd.
CITY-ST-ZIP: DE BARY, FLA. 32713TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition**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 trustee 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.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01

Date

904-774-9999

Daytime Phone #

CR2E034 (9/99)