

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90438 016 ***150.00

DOCUMENT # P00000065712

1. Entity Name
43RD AVENUE TRADE CENTER, INC.



Principal Place of Business
900 9 PLACE
VERO BEACH FL 32960

Mailing Address
900 9 PLACE
VERO BEACH FL 32960



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1026326

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

SULLIVAN, CHARLES A SR
900 9 PLACE
VERO BEACH FL 32960

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity admits 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 PD Delete
NAME SULLIVAN, CHARLES A JR
STREET ADDRESS 900 9TH PLACE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD Delete
NAME SULLIVAN, MICHAEL A
STREET ADDRESS 900 9TH PLACE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME SULLIVAN, KATHLEEN R
STREET ADDRESS 900 9TH PLACE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME RADFORD, PATRICIA S
STREET ADDRESS 900 9TH PLACE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Michael A Sullivan, Vice Pres.

Date

1/10/03

Daytime Phone #

772-770-0665

CR2E034 (10/02)