


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90250 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000074057					
1. Entity Name AMERICA'S COMMODITY TRADERS, INC.					
Principal Place of Business 740 JAVE ROAD COCOA BEACH, FL 32931			Mailing Address 740 JAVE ROAD COCOA BEACH, FL 32931		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 58-3673884				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOYNES, RONALD S 740 JAVE ROAD COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name LOYNES, RONALD S. Street Address (P.O. Box Number is Not Acceptable) 740 JAVA RD. City COCOA BEACH FL Zip Code 32931		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Ronald S. Loynes</i> DATE 23 April 2003 <small>Signature, type or print name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when re-registering)</small>					
<small>FILE NOW WITH FEE IS \$150.00. After MAY 1, 2003 FEE will be \$550.00. Make Check Payable to Florida Department of State</small>			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D LOYNES, RONALD S 740 JAVE ROAD COCOA BEACH, FL 32931					
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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: <i>Ronald S. Loynes</i>			DATE: 23 April 2003 321-868 3474		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		

11017494



☐ CHECK HERE IF MAKING CHANGES

CP2ED04 (10/02)