Daytime Phone #

Date

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117783 1. Entity Name BOBBINS INTERNATIONAL TRADING, INC.							Secretary of State 01-24-2002 90001 031 ***150.00					
Principal Place of Business 39 OKAHATCHEE CIR FT WALTON BEACH FL 32548			Mailing Address 39 OKAHATCHEE CIR FT WALTON BEACH FL 32548									
2. Principal Place of Business			3. Mailing Address							u e (1011 (03 16 1 04 0		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4 . FE	Number 59-3686	921		pplied For lot Applicable	<u>, </u>
Zip Country			Zip	ntry	5. Certificate of Status Desired						1	
	6. Name	and Address of Current R	l Registered Agent				7. Na	me and Address of N	ew Registere	d Agent		1
KOPSON, JOHN E 7300 W CAMINO REAL #126					Name Street A	ret Address (P.O. Box Number is Not Acceptable)						
	TON FL 33			34 City	<i>20</i> -5	1	P WC	<i>A</i> √ <i>X</i> F	Zip Coo	16.J33kg 1.J01		
Tax filing	oration is elig	or printed name of registered agent ar ible to satisfy its Intangible and elects to do so.	FILE NOW After May 1, 20 Make Check Payal	!!! FEE	IS \$150. will be \$5	550.00		• stating) 10. Election Campaig Trust Fund Contri	•	\$5.0	00 May Be	
11.		OFFICERS AND D	<u> </u>	12.	•			ITIONS/CHANGES TO	OFFICERS AN	ND DIRECTOR	RS IN 11	\dashv
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STRI			5 Ch	J. JOHN E SUA P CUC SIACUDA		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						•	Change	☐ Addition	1
TITLE NAME STREET ADDRESS			☐ Delete	TITL NAM STRE						☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STRE						☐ Change	☐ Addition	_
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
indicated of the cor	l on this repor rporation or th	e information supplied with t rt or supplemental report is t ne receiver or trustee empov achment with an address, wi	true and accurate and that r vered to execute this report	my signa : as requi	ture shall h	ave the sar	me leg	gal effect as if made ur	der oath; that	I am an office	r or director	

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: