

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90040 045 \*\*\*150.00

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**DOCUMENT # P01000007750**

1. Entity Name  
**TRD CONSULTING, INC.**

Principal Place of Business  
**4062 GLENHURST DRIVE NORTH  
 JACKSONVILLE FL 32224**

Mailing Address  
**4062 GLENHURST DRIVE NORTH  
 JACKSONVILLE FL 32224**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**15 Avenue de la Mer**  
 Suite, Apt. #, etc. **2205**

3. Mailing Address  
**15 Avenue de la Mer**  
 Suite, Apt. #, etc. **2205**

City & State  
**Palm Coast, FL**  
 Zip **32137** Country **USA**

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**Palm Coast, FL**  
 Zip **32137** Country **USA**

4. FEI Number  
**59-3694232** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DEMUYT, ROSEMARY  
 4062 GLENHURST DRIVE NORTH  
 JACKSONVILLE FL 32224**

**7. Name and Address of New Registered Agent**

Name **Rosemary DeMuyt**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15 Avenue de la Mer #2205**  
 City **Palm Coast, FL** Zip Code **32137**

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

**1/10/02**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

TITLE **PRESIDENT** ☐ Delete  
 NAME **Rosemary DeMuyt**  
 STREET ADDRESS **15 Avenue de la Mer #2205**  
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **TREASURER/Secretary** ☐ Delete  
 NAME **Rosemary DeMuyt**  
 STREET ADDRESS **15 Avenue de la Mer #2205**  
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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: **Rosemary DeMuyt**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/02 386-447-5946**  
 Date Daytime Phone #

CR2E034 (9/01)