

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90065 034 ***150.00

DOCUMENT # P01000007750

1. Entity Name
TRD CONSULTING, INC.



Principal Place of Business
15 ABENUE DE LA MAR
STE 2205
PALM COAST FL 32137

Mailing Address
15 ABENUE DE LA MAR
STE 2205
PALM COAST FL 32137



2. Principal Place of Business

3. Mailing Address

15 AVENUE de la Mer
Suite, Apt. #, etc.
2205

15 Avenue de la Mer
Suite, Apt. #, etc.
2205

City & State
Palm Coast FL

City & State
Palm Coast, FL

Zip Country
32137 USA

Zip Country
32137 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

7. Name and Address of New Registered Agent

DEMUYT, ROSEMARY
4062 GLENHURST DRIVE NORTH
JACKSONVILLE FL 32224

Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rosemary DeMuyt 2/8/03
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 NAME STREET ADDRESS CITY-ST-ZIP	P ROSEMARY, DEMAYT 15 AVE DE LA MAR PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ROSEMARY, DEMURT 15 AVE DE LA MAR PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rosemary DeMuyt 15 Ave de la Mer Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rosemary DeMuyt 15 Ave de la Mer Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

2/8/03 904 823-3642
Date Daytime Phone #

CR2E034 (10/02)