

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90094 011 ***150.00

DOCUMENT # P01000014634

1. Entity Name
C D TRADING CARDS INC.

Principal Place of Business
4160 PACKARD AVENUE
SAINT CLOUD FL 34772

Mailing Address
4160 PACKARD AVENUE
SAINT CLOUD FL 34772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3750120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, WYNN
4160 PACKARD AVENUE
SAINT CLOUD FL 34772

7. Name and Address of New Registered Agent

Name **DOUGLAS CALAWAY**
Street Address (P.O. Box Number is Not Acceptable)

4237 13th ST
City **ST. CLOUD** **FL** **Zip Code** **34769**

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 *[Signature]* **DOUGLAS CALAWAY**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete
NAME **MILLER, WYNN**
STREET ADDRESS **4160 PACKARD AVENUE**
CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE **D** ☐ Delete
NAME **CALAWAY, DOUGLAS**
STREET ADDRESS **5815 GUENEVERE COURT**
CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE **D** ☐ Delete
NAME **KOTTE, JASON**
STREET ADDRESS **3344 GATOR BAY CREEK BLVD**
CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **CARL SIMPKINS**
STREET ADDRESS **1923 LAKE MARKER PRESERVE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PAUL GRALNICK**
STREET ADDRESS **513 FAUN HILL PLACE**
CITY-ST-ZIP **SANFORD, FL 32771**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *[Signature]* **DOUGLAS CALAWAY** **2/10/02** **407-957-9577**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)