

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90104 040 ***150.00

DOCUMENT # *P01000014634*

1. Entity Name

CD Trading Cards, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4253 13th Street

3. Mailing Address

4253 13th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Saint Cloud, Florida

City & State
Saint Cloud, Florida

4. FEI Number

59-3750120

Applied For

Not Applicable

Zip
34769

Country

Zip

34769

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Douglas Calaway

Street Address (P.O. Box Number is Not Acceptable)

4253 13th Street

City Saint 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

DOUGLAS CALAWAY

1/8/03

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Douglas Calaway, President & Director
5815 Guenevere Ct
St Cloud, FL 34772

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Paul Gralnick, Director
513 Fawn Hill Place
Sanford, FL 32771

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Carl Simpkins, Director
3359 Horseshoe Bend Ct.
Longwood, FL 32779

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Willy Moses, Director
4211 North Hills Drive
Hollywood, FL 33021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

DOUGLAS CALAWAY

1/8/03

*407
957-9577*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)