


AMENDED UBR - June 5 2003
03 JUN 13 1PM 2:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000038964			
1. Entry Name RTS TRADING, INC.			
Principal Place of Business 819 SOUTH FEDERAL HIGHWAY SUITE 300 STUART, FL 34994		Mailing Address 819 SOUTH FEDERAL HIGHWAY SUITE 300 STUART, FL 34994	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ZUMMO, ROSEMARIE 819 SOUTH FEDERAL HIGHWAY SUITE 300 STUART, FL 34994		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when replacing) 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. <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD BAILEY, KENNETH 819 S. FEDERAL HIGHWAY, SUITE 300 STUART, FL 34994		DST Wayne Bygate 819 S. Federal Highway, Suite 300 Stuart, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
STD BORDEN, MICHAEL A 819 S. FEDERAL HIGHWAY, SUITE 300 STUART, FL 34994			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 507, 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: <u>Wayne Bygate</u>		6-5-03 (772) 223-0005	

600020972896
06/18/03--01043--021 **61.25



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1103511** Applied For
Not Applicable

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

CH2E034 (10/02)

6/13