FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

DOCUMEN # P01000039993			05-27-2002 90326 037 ***150.00		
TECH TRADER SYSTEM	IS, INC.				
DO NOT WR	ITE IN THIS SI	PACE			
2. Principal Place of Business 8320 S TAMIAMI TRAI Suite, Apt. #, etc.	3. Mailing Address L 8320 S TAM1 Suite, Apt. #, etc.	AMI TRAIL	DO NOT WRITE IN THIS SPACE		
City & State	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For	\neg
SARASOTA, FL Zip Country	SAŘASOTA, F	Country	:65-1097874	Not Applicable	ę
34238 Country	34238	<u> </u>	5. Certificate of Status Desired	Fee Required	_
		Name	7. Name and Address of Current Regi	Stered Agent	-
DO NOT WRITE		Street Address (8320	ALFONSO, FRANK J Street Apdress (P.O. Box Number is Not Acceptable) 8320 S TAMIAMI TRAIL		
IN THIS	SPACE				_
		City SARA	SOTA FL 34238		7
8. The above named entity automits this states	ed agent, or both, in the State of Florida.	1	7		
SIGNATURE Significe, typed or printed listing of register	est agent and title in Aplicable. (NOTE	Frank J. Al		4/15/02 DATE	
Tax filing requirement and elects to do so. After May 1, F Amended Ut		lay 1 Fee is \$150.00 1, Fee is \$550.00 d UBR is \$61.25 de to Department of Stat	10. Election Campaign Financir Trust Fund Contribution.	9 \$5.00 May Be Added to Fees	
	S AND DIRECTORS			7.2	╡、
P/V/T/S/D/C ALFONSO, FRANK J STREET ADDRESS GITY.ST.ZIP SARASOTA, FL 34238		TITLE NAME STREET ADDRESS CITY-ST-ZIP			CR2E034B (12/01)
THE SARASOTA, FL	_34238	TILE			
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		*	5
TITLE NAME		TUTLE NAME			1
STREET ADDRESS CITY: ST-JUP		STREET ADDRESS	DO_NOT_WRITE		
NAME STREET ADDRESS		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SP	ACE	
NAME STREET ALORESS		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS STORY OF THE STREET ADDRESS		TITLE NAME STREET ADDRESS CITY-ST-ZIP			1
13. I hereby certify that the information supplied indicated on this report or suppliemental re- of the corporation of the receiver or trust attachment with an address; with all other	d with this filling does not qualify for park is true and accurate and that m sempowered to execute this leport te empowered.	the exemption stated in Sec y signature shall have the s- as required by Chapter 60	ttion 119.07(3)(i), Florida Statutes. I furth ame legal effect as if made under oath; ti 7, Florida Statutes; and that my name ap I. A Llowso	er certify that the information nat I am an officer or director pears in Block 11 or on an	
SIGNATURE:	ED OR PRINTED NAME OF SIGNING OFFICER'S	3.	4/15/02	(941)918-2908 Dayline Phone #	