FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097447

1. Entity Name

R-Three Trading Corp ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

175 Coconut Key Ln

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach FL

City & State

4. FEI Number

65-1145600

Applied For

Not Applicable

Zip 33484   Country U.S.a.

Zip   Country

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name **Rodney Reid Renaud**

Street Address (P.O. Box Number is Not Acceptable)
175 Coconut Key Lane

City Delray Beach   FL   Zip Code 33484

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 4-02-03

January 1 - May 1 Fee is $150.00		
After May 1, Fee is $550.00		
Amended UBR is $61.25		
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	President	TITLE	
NAME	Rodney Reid Renaud	NAME	
STREET ADDRESS	175 Coconut Key Lane	STREET ADDRESS	
CITY-ST-ZIP	Delray Bch FL 33484	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____   4-02-03   561 6374938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/02)