


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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90835 034 \*\*\*150.00

DOCUMENT # P01000102794

1. Entity Name  
Thought TRADER.COM INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>3300 Leveland Blvd</u> Suite, Apt. #, etc. <u>2803</u> City & State <u>Port Charlotte, FL</u> Zip <u>33980</u> Country <u>USA</u>		3. Mailing Address <u>3300 Leveland Blvd</u> Suite, Apt. #, etc. <u>2803</u> City & State <u>Port Charlotte, FL</u> Zip <u>33980</u> Country <u>USA</u>	
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4. FEI Number <u>33-0992978</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>BRADLEY K VAN LEO</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3300 Leveland Blvd</u>	
Unit # <u>2803</u>	
City <u>Port Charlotte</u>	FL Zip Code <u>33980</u>

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 Bradley K Van Leo DATE 2-10-03

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

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  
NAME P Bradley K VAN LEO  
STREET ADDRESS 3300 Leveland Blvd #2803  
CITY-ST-ZIP Port Charlotte FL 33980

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CR2E034B (12/02)

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: Bradley K Van Leo Bradley K VAN LEO 2-10-03 (941) 7667179

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