

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90101 007 ***150.00

DOCUMENT # P01000122140

1. Entity Name
YOUR SOURCE TRADING COMPANY

Principal Place of Business
3134 EAGLES LANDING
3134 KAGLES LANDING CIR W CIR. W.
CLEARWATER FL 33761

Mailing Address
3134 EAGLES LANDING
3134 KAGLES LANDING CIR W CIR. W.
CLEARWATER FL 33761



2. Principal Place of Business
3134 Eagles Landing Cir, W
 Suite, Apt. #, etc.

3. Mailing Address
3134 Eagles Landing Cir, W.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater, Florida
Zip 33761 **Country** USA

City & State
Clearwater, Florida
Zip 33761 **Country** USA

4. FEI Number 90-0002718 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
ROSENFELD, STEVEN
3134 KAGLES LANDING CIR W 3134 EAGLES LANDING
CLEARWATER FL 33761 CIR. W.

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D. ROSENFELD, STEVEN
STREET ADDRESS	3134 KAGLES LANDING CIR W 3134 EAGLES LANDING
CITY-ST-ZIP	CLEARWATER FL 33761 CIR. W.
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven Rosenfeld* **STEVEN ROSENFELD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-488-9588
4/8/02 **727-789-9588**
 Date Daytime Phone #

CR2E034 (9/01)