

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000068122		
1. Entity Name THE TRADING DEPOT, INC.		
Principal Place of Business 1420 N.W. 20TH CT. STE 2A FT. LAUDERDALE, FL 33311		Mailing Address 1420 N.W. 20TH CT. STE 2A FT. LAUDERDALE, FL 33311
2. Principal Place of Business 3961 NW 34 Ave. State, Apt. #, etc.		3. Mailing Address 3961 NW 34 Ave. State, Apt. #, etc.
City & State Lauderdale Lks		City & State Lauderdale LK. FL
Zip 33309	Country USA	Zip 33309
4. FEI Number Applied For		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NELSON, EULA 1420 N.W. 20TH CT. STE 2A FT. LAUDERDALE, FL 33311		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 _____ Statement, signed by authorized officer of registered agent, and date if applicable. (NOTE: Registered Agent Must Sign and Date When Accepting)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete D HIGGS, ELLEN 442 S.W. 22ND TERRACE FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete D WEES, SONIA 442 S.W. 22ND TERRACE FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete D JONES, MARLYN S 683 FYNTHIA LANE FOREST PARK, GA 30237	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete D HIGGS, SHARON 683 FYNTHIA LANE FOREST PARK, GA 30237	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete PT HIGGS, ELLEN 442 S.W. 22ND TERRACE FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete S WEES, CHERYL 442 S.W. 22ND TERRACE FOREST PARK, GA 30237	
11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutes. I further certify that the information included 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>S. Wees</i></u> Statement, signed by officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.		

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