

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90794 040 ***150.00

DOCUMENT # P02000089195

1. Entity Name
TRADERS CENTERFOLD THEATER, INC.



Principal Place of Business
**345 SOUTH POINT COURT
SATELLITE BEACH FL 32937**

Mailing Address
**345 SOUTH POINT COURT
SATELLITE BEACH FL 32937**

2. Principal Place of Business
2212 SW 13th St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville, FL
Zip
32609 Country
ALACHUA

City & State

Zip

Country

4. FEI Number **Listed under** Applied For
TRADER TOM'S FLA Trade Center, Inc. Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, JOHN ESQ.
630 NW 1ST AVENUE
HIGH SPRINGS FL 32655

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

Thomas F. Henderson

(NOTE: Registered Agent signature required when reinstating)

4/25/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D HENDERSON, THOMAS F
345 SOUTH POINT COURT
SATELLITE BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas F. Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03
Date

3217777378
Daytime Phone #

CR2E034 (10/02)