

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90002 010 ***150.00

DOCUMENT # P92000012379

1. Entity Name
U.S. TRADE DISCOUNT, INC.

Principal Place of Business
27655 TENNESSEE ST
STE 210
BONITA SPRINGS FL 34135
US

Mailing Address
27655 TENNESSEE ST
BONITA SPRINGS FL 34135
US

972440



2. Principal Place of Business
1455 Rail Head Blvd.
 Suite, Apt. #, etc.
Suite 11

3. Mailing Address
1455 Rail Head Blvd.
 Suite, Apt. #, etc.
Suite 11

DO NOT WRITE IN THIS SPACE

City & State
Naples, Florida
 Zip
34110
 Country
USA

City & State
Naples, Florida
 Zip
34110
 Country
USA

4. FEI Number **65-0970007**
65-0385988

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

OPPLIGER, ALEXANDER
27655 TENNESSEE STREET
BONITA SPRINGS FL 34135

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OPPLIGER, ALEXANDER 27655 TENNESSEE ST BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OPPLIGER, ALEXANDER 37655 TENNESSEE ST BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OPPLIGER, ALEXANDER 27355 TENNESSEE ST BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Oppliger Alexander P.O. Box 1747 Bonita Springs, FL 34133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Oppliger Alexander 27655 Tennessee St P.O. Box 1747 Bonita Springs, FL 34133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Oppliger Alexander 27655 Tennessee St P.O. Box 1747 Bonita Springs, FL 34133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-13-02

Date

(239) 978-3431

Daytime Phone #

CR2E034 (4/02)

Attachment P92000001237991740

122057 CPA

The CPA. Never Underestimate The Value.[®]
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Hensley
Company PA

Monday, July 15, 2002

Certified Public Accountants

- Business & Personal Tax & Accounting
- Mortgages- Residential, SBA, Commercial

Florida Dept. Of State.
Uniform Business Filings,
P.O. Box 1500
Tallahassee FL 32302.

Dear Sir,

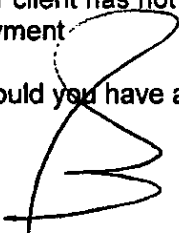
U.S. Trade Discount Inc.

Our client has just received a second reminder for his 2002 Uniform Business Report. He did not receive the first mailing.

We have changed filing address to help ensure that the problem does not reoccur in the future – please also note that the FEIN is incorrect and the corrected version is noted on the form.

Our client has not been late in filing previously. Please accept his check enclosed as full payment

Should you have any questions on this or any other matter, please do not hesitate to call us


Stephen D. Ralli F.C.A.
Chartered Accountant
For Hensley & Company P.A.
Certified Public Accountants.