

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013746

1. Entity Name

TRADING ASSISTANCE, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90084 010 ***150.00

Principal Place of Business 1 SAN JOSE PLACE #17 JACKSONVILLE FL 32257	Mailing Address 1 SAN JOSE PLACE #17 JACKSONVILLE FL 32257-6049
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2. Principal Place of Business 6410 BEACH BLVD. Suite, Apt. #, etc.	3. Mailing Address 2741 CLAIRE LANE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32216	Zip 32223
Country USA	Country USA

4. FEI Number 59-3156311	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HEANEY, GEORGE F
~~1 SAN JOSE PLACE~~ 6410 BEACH BLVD
~~SUITE #14B~~
 JACKSONVILLE FL 32257
 32216

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 George F. Heaney GEORGE F. HEANEY 4/27/00
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEANEY, GEORGE F		NAME		
STREET ADDRESS	2741 CLAIRE LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: George F. Heaney GEORGE F. HEANEY 4/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)