

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013746

1. Entity Name
TRADING ASSISTANCE, INC.

Principal Place of Business
6410 BEACH BLVD
JACKSONVILLE FL 32216

Mailing Address
2741 CLAIRE LANE
JACKSONVILLE FL 32223

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90062 002 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2741 CLAIRE LANE
Suite, Apt. #, etc.

3. Mailing Address
2741 CLAIRE LANE
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL
Zip 32223 Country USA

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JACKSONVILLE, FL
Zip 32223 Country USA

4. FEI Number 59-3156311
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HEANEY, GEORGE F
6410 BEACH BLVD
JACKSONVILLE FL 32-2216

7. Name and Address of New Registered Agent
Name GEORGE F. HEANEY
Street Address (P.O. Box Number is Not Acceptable) 2741 CLAIRE LANE
City JACKSONVILLE FL Zip Code 32223

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 DATE 4/28/01
Signature, typed or printed name registered agent and title if applicable. (If State Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D HEANEY, GEORGE F 2741 CLAIRE LANE JACKSONVILLE FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: George F. Heaney GEORGE F. HEANEY DATE 4/28/01 DAYTIME PHONE # 904 268-0554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)