

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027052

1. Entity Name
FY TRADING, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90027 015 ***150.00

659236



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
100 SE 6TH AVE DELRAY BEACH FL 33483 US		100 SE 6TH AVE DELRAY BEACH FL 33483 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FLL Number	65-0478258	Applied For	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	
BUXTON, EDWARD H 100 SE 6TH AVENUE DELRAY BEACH FL 33483		Name Street Address (P.O. Box Number is Not Acceptable) City & State Zip Code	
2116 CORPORATE DRIVE BOYNTON BEACH FL 33426		2116 CORPORATE DRIVE BOYNTON BEACH FL 33426	

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 EDWARD H. BUXTON DATE 4/27/01

(Signature typed or printed name of registered agent and date of signature) (NAME, Address and signature required when reinstating)

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, 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS BUXTON, EDWARD H 100 SE 6TH AVE E1 DELRAY BEACH FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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)(a), 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, until other like empowered.