

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000058854**

1. Entity Name

COMTRADE OF PONTE VEDRA, INC.

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90707 018 \*\*\*150.00

869181



DO NOT WRITE IN THIS SPACE

Principal Place of Business

353 CROSSROAD LAKES DRIVE  
PONTE VEDRA BEACH FL 32082

Mailing Address

353 CROSSROAD LAKES DRIVE  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

12276-111 SAN JOSE BLVD

Suite, Apt. #, etc.

3. Mailing Address

12276-111 SAN JOSE BLVD

Suite, Apt. #, etc.

City &amp; State

JACKSONVILLE

Zip

32223

Country

FLORIDA

City &amp; State

JACKSONVILLE

Zip

32223

Country

FLORIDA

4. FEI Number

59-3258317

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, BARON L

50 NORTH A1A STE 103

PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P AZZALIN, GIORGIO 353 CROSSROAD LAKES DRIVE PONTE VEDRA BEACH FL 32082	<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
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)