| 200 | 1 UNI | FORM BUSI | NESS REPO | RT (UBI | R) | · | وججودومرجي | | |
|---|--|---|---|---|-------------------------|---|------------------------|--|-----------------------------------|
| DOCUMENT # P94000077270 1. Entity Name | | | | | | 04-23-2001 90158 048 ***150.00 P94000077070 | | | |
| WALLABY TRADING COMPANY | | | | | | F-11 | _ED | | |
| Principal Pla | ce of Business | | Mailing Address | - | | 01 APR 21 | , PH 1: | 07 | |
| 1938 TAMIAMI TRAIL NORTH 2058 TAMIAMI TRAIL NORTH NAPLES FL 34102 US | | 1939 TAMIAMI TRAIL NORTH 2058 TAMIAMI TRAIL NORTH NAPLES FL 34102 US | | | SEGRET AT TABLE AHAS | | | | |
| 2. Principal Place of Business 7935 Areport Pulling RD | | 3. Mailing Address 7935 HIRPORT PULLING RD. | | D. | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. #10 | | | DO NOT WRITE IN THIS SPACE | | | |
| | te APLES | FL | City & State NAPLES | FL | 4 | . FEI Number 65-052735 | 3 | | Applied For lot Applicable |
| Zip 3,4 | | COLLIER - | 34109 | COLLIER | 5 | . Certificate of Status Desired | | B.75 Ad e Requir | |
| | 6. Name i | and Address of Current R | egistered Agent | / Name | 7 | Name and Address of New I | Registered Ag | ent | |
| MCELRATH, DAVID 1938 TAMIAMI TRAIL NORTH /Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| NAPI | LES FL 3394 | 0 | | | | | | | |
| | | 1 ! ! | | City | | | FL | Zip Cod | de |
| 8. The above | named entity | submits this statement for t | the purpose of changing its r | egistered office or | registered a | agent, or both, in the State of Flo | orida. | | |
| SIGNATURE , | Signature, typed or | printed name of registered agent and | tritle if applicable. (NOTE: | Registered Agent signatur | re required when | n reinstating) | DATE | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!! After MAY 1, 200 Make Check Payable | | | 50.00 | 10. Election Campaign Fin Trust Fund Contributio | | \$5.0 Adde | 00 May Be d to Fees | | |
| 11. | | OFFICERS AND DI | | 12. | Δ | DDITIONS/CHANGES TO OFF | ICERS AND D | RECTOR | S IN 11 |
| INTLE NAME STREET ADDRESS CITY-ST-ZIP | GARRISON, 6965 MILL F NAPLES FL | 1 | ☐ Delċte | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | |] Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | V GARRISON, 6965 MILL I NAPLES FL | IUN CIRCLE | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | . [|) Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | _ | □ Ockete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | |] Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |) Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | С | Change | ☐ Addition |
| title Name Street adoress City-St-Zip | | · · | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition |
| 13. I hereby control indicated control of the corp changed. SIGNAT | | Min SITY | filing does not qualify for the and accurate and that my fred to execute this report as all other like empowered. | - ARTHUR | | 119.07(3Xi). Florida Statutès. I' legat effect as if made under or ida Statutes; and that my name | | nat the int n officer of ick 11 or | formation or director Block 12 if |

ysh