

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022572

1. Entity Name

THE DIGITAL TRADER, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90071 010 \*\*\*150.00

Principal Place of Business

430 LEE BLVD  
 LEHIGH ACRES FL 33936  
 US

Mailing Address

430 LEE BLVD  
 LEHIGH ACRES FL 33936-4923  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0701999

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

ROSENTHAL, LOREN  
 203 E. JERSEY ROAD  
 LEHIGH ACRES FL

Name  
 Rosenthal, Loren

Street Address (P.O. Box Number is Not Acceptable)  
 430 Lee Blvd.

City Lehigh Acres, FL Zip Code 33936

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, 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 PSTD ☒ Delete  
 NAME ROSENTHAL, LOREN  
 STREET ADDRESS 203 E. JERSEY ROAD  
 CITY-ST-ZIP LEHIGH ACRES FL

TITLE PSTD ☒ Change ☐ Addition  
 NAME Rosenthal, Loren  
 STREET ADDRESS 430 Lee Blvd.  
 CITY-ST-ZIP Lehigh Acres, FL 33936

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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)(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: *Loren Rosenthal* **REQUIRED** Loren Rosenthal 941-368-3780- April 24, 2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #