

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90402 013 ***150.00

DOCUMENT # P96000004617



1. Entity Name
EAST MEETS WEST TRADING COMPANY

Principal Place of Business
3545 KENDALL RD
ROTONDA FL 33947
US

Mailing Address
3545 KENDALL RD
ROTONDA FL 33947
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0635883

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AGLES, CHARLES R
3545 KENDALL RD
ROTONDA FL 33947

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete
NAME **AGLES, CHARLES R**
STREET ADDRESS **PO BOX 1390, 410 EAST RAILROAD AVE**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

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

TITLE **D** ☐ Delete
NAME **CARLEY, JEFFREY G**
STREET ADDRESS **3731 EASTBOURNE**
CITY-ST-ZIP **TROY MI 48084**

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

TITLE **D** ☐ Delete
NAME **NESSER, PATRICIA A**
STREET ADDRESS **13110 PLACIDA POINT CT.**
CITY-ST-ZIP **PLACIDA FL 33946**

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

TITLE **D** ☐ Delete
NAME **CARLEY, MARY A**
STREET ADDRESS **3731 EASTBOURNE**
CITY-ST-ZIP **TROY MI 48084**

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

TITLE **D** ☐ Delete
NAME **VONSTAATS, ROSELLE L**
STREET ADDRESS **13110 PLACIDA POINT CT.**
CITY-ST-ZIP **PLACIDA FL 33946**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9 SUNSET AVE**
CITY-ST-ZIP **OLD SAYBROOK CT 06475**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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 #

4/6/03 941-684-9410

CR2E034 (10/02)