FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am Secretary of State DOCUMENT # P96000010386 1. Entity Name 02-11-2002 90167 049 ***150 00 TRADEMAEN, INC. Principal Place of Business Mailing Address 14860 SHRIKE WAY 14860 SHRIKE WAY FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 6371-4 PRESIDENTIAL C 3. Mailing Address 6371-4 PRESIDENTAL CT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For HORT M 65-0656904 Not Applicable Country LEE \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JESSEN, ANDREW G Street Address (P.O. Box Number is Not Acceptable) 6371-4 PRESIDENTIAL CT FT MYERS FL 33919 Zip Code FL 🕏 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE Change ☐ Addition TITLE PD ☐ Delete HESS, BRUNO M NAME NAME REITTERNG CR2E034 STREET ADDRESS STREET ADDRESS 14860 SHRIKE WAY CITY-ST-ZIP FT MYERS FL CITY-ST-ZIP TITLE TITLE D ☐ Delete NAME NAMÉ HESS, BERND STREET ADDRESS STREET ADDRESS 14860 SHRIKE WAY CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 - Delete TITLE TITLE VS ----NAME HESS, RIA NAME STREET ADDRESS STREET ADDRESS 14860 SHRIKE WAY CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #